

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

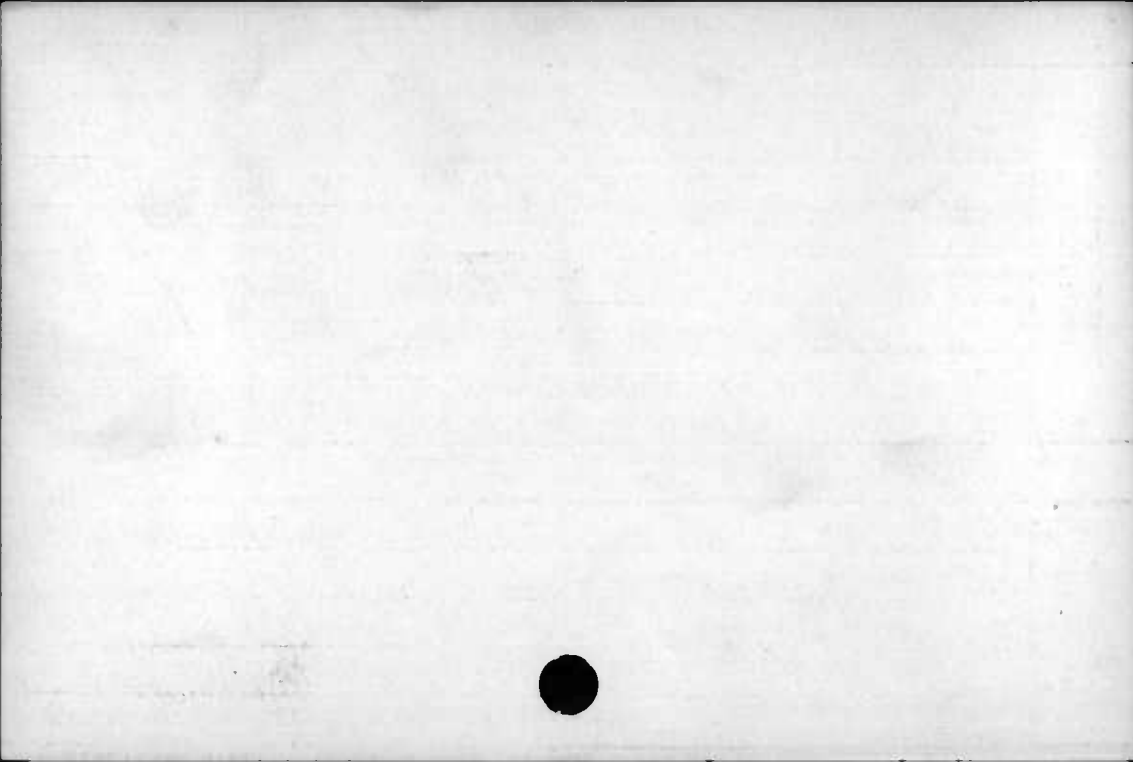
John Calvin Ankney
Town *Hagerstown* County *Wash.* MARYLAND
Died at
Date of death *1908* Month *Mar* Day *28* Age *80* Years Months *3* Days *8*
Sex *male* Color or Race *white* Birthplace *Md.*
Occupation *Retired Farmer* Where Residing if not at place of death
Married, Single or Widowed *widower* Name of Wife *Leah M. Ankney*
Father's Name *George Ankney* Father's Birthplace *Md.*
Mother's Maiden Name *Troup* Mother's Birthplace *"*
Name of person giving information *A. A. Ankney* How related to deceased *son.*

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary *Peritonitis* How long *5 days*
Immediate
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *F. H. Charles M.D.*
Address *Hagerstown Md*
Accident or Suicide?



Name
in
Full

George Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

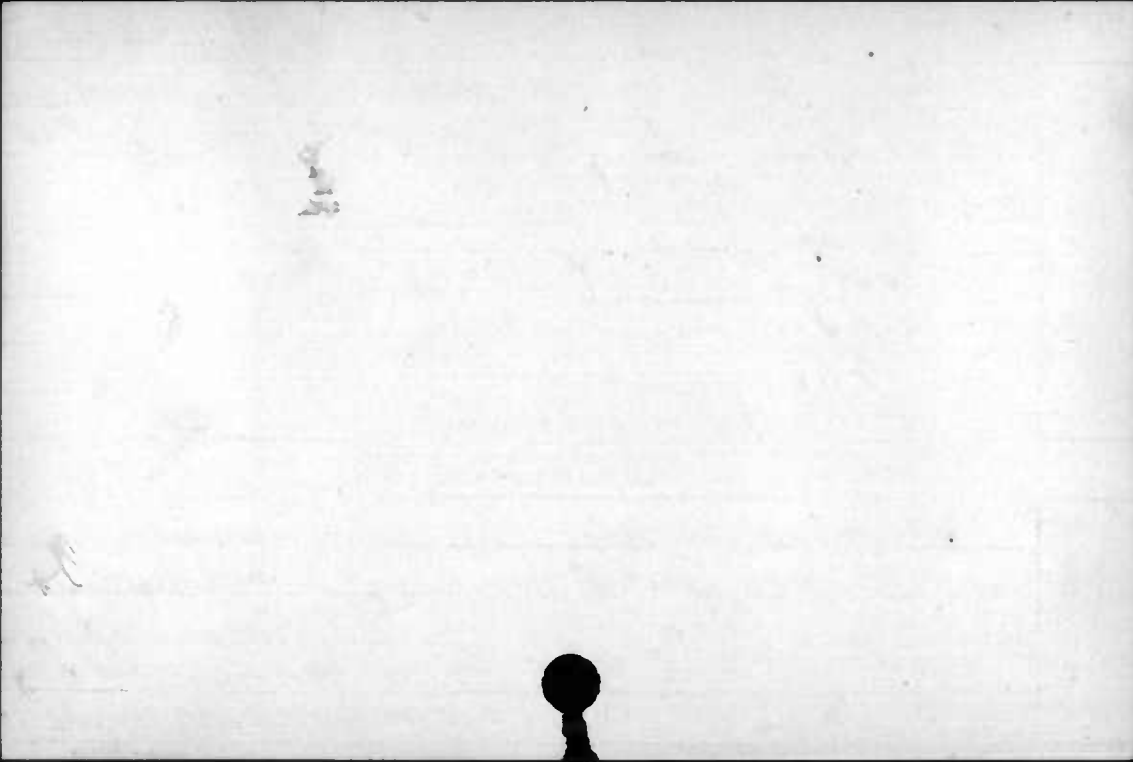
Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death		1908	Month <i>Mar</i>	Day <i>17</i>	Age	Years <i>36</i>	Months <i>1</i>
Sex		<i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Lexington Va</i>	
Occupation <i>Barber</i>				Where Residing if not at place of death			
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband <i>Catharine Jackson</i>			
Father's Name		<i>Samuel Barber</i>				Father's Birthplace <i>Q/a</i>	
Mother's Maiden Name		<i>Nancy Harper</i>				Mother's Birthplace <i>Lexington Va</i>	
Name of person giving information		<i>Catharine Barber</i>				How related to deceased <i>Wife</i>	

CAUSES OF DEATH

(113)

PHYSICIAN
OR CORONER

Primary	<i>Biliary Calculi</i>	How long	<i>3 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>A. B. Wilson M.D.</i>	
Address		<i>302 - N. Jonathan St</i>	
Accident or Suicide?		<i>no.</i>	
		<i>Hagerstown Md.</i>	



Name
in
Full

Ebra Victoria Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u> Month <u>3</u> Day <u>21</u>	Age	Years <u>5</u>	Months	Days
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Md</u>
Occupation	<u>Child</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Joseph Bell</u>			Father's Birthplace	<u>Pa</u>
Mother's Maiden Name	<u>Hattie Adams</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Hattie Bell</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>whooping cough</u>	How long	<u>1 month</u>
Immediate	<u>Pneumonia</u>	How long	<u>6 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>A. B. Wilson, M.D.</u>
		Address	<u>302 - n. Jananuan St</u> <u>Hagerstown Md.</u>
Accident or Suicide?	<u>no</u>		

Coffman
Rose Hill

Name
in
Full

Elsie Elizabeth Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>3</u>	Age <u>3</u>	Years <u>3</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single <u>—</u> or Widowed			Name of Wife or Husband <u>—</u>		
Father's Name <u>John Bell</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Jennie King</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>John Bell</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<u>Septicemia following Pertussis</u>	How long	<u>6 days</u>
Immediate	<u>Cerebral Failure</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>[Signature]</u>	
		Address <u>Day 42000 md</u>	
Accident or Suicide? <u>No</u>			

60/10000
Hawfay

Mich. 6

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1908</u>		Month <u>3</u>	Day <u>7</u>	Age <u>—</u> Years	Months <u>8</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>md</u>		
Occupation <u>Club</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Joseph Bell</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Jennie Adams</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Joseph Bell</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary <u>Brain Fever</u>	How long <u>about 1 week</u>
Immediate <u>Convulsions</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. B. Wilson, M.D.</u>
	Address <u>302 - N. Jonathan St.</u>
Accident or Suicide? <u>no</u>	<u>Hagerstown Md.</u>

Oppenheimer
Hofmann

3/9

Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret M Bell

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1908 ^{Month} 3 ^{Day} 14 Age ^{Years} 7 ^{Months} 3 ^{Days} 1

Sex Female Color or Race White Birth-place Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name

John Bell

Father's Birthplace

Pa

Mother's Maiden Name

Mary King

Mother's Birthplace

Md

Name of person giving Information

John Bell

How related to deceased

Father

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary

Whooping Cough + Pneumonia

How long

3 weeks

Immediate

How long

Pneumonia 1 week

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician

L. M. Zimmerman

Address

Hagerstown Md

Accident or Suicide?

677
Rue Hill

3/16/08

Name
in
Full

Daisy Dean Blair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highfield ^{County} Washington. MARYLAND

Date of death 1908 ^{Month} Mar ^{Day} 26 ^{Age} 18 ^{Years} ^{Months} 5 ^{Days} 27

Sex Female ^{Color or Race} White ^{Birth-place} Penna

Occupation Schoolgirl. ^{Where Residing if not at place of death}

Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name Henry Blair ^{Father's Birthplace} Penna

Mother's Maiden Name Elizabeth Reese ^{Mother's Birthplace} Penna

Name of person giving information W. E. Strouffer ^{How related to deceased} No

CAUSES OF DEATH

Primary Typhoid Fever & Pneumonia ^{How long} About 3 weeks

Immediate ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

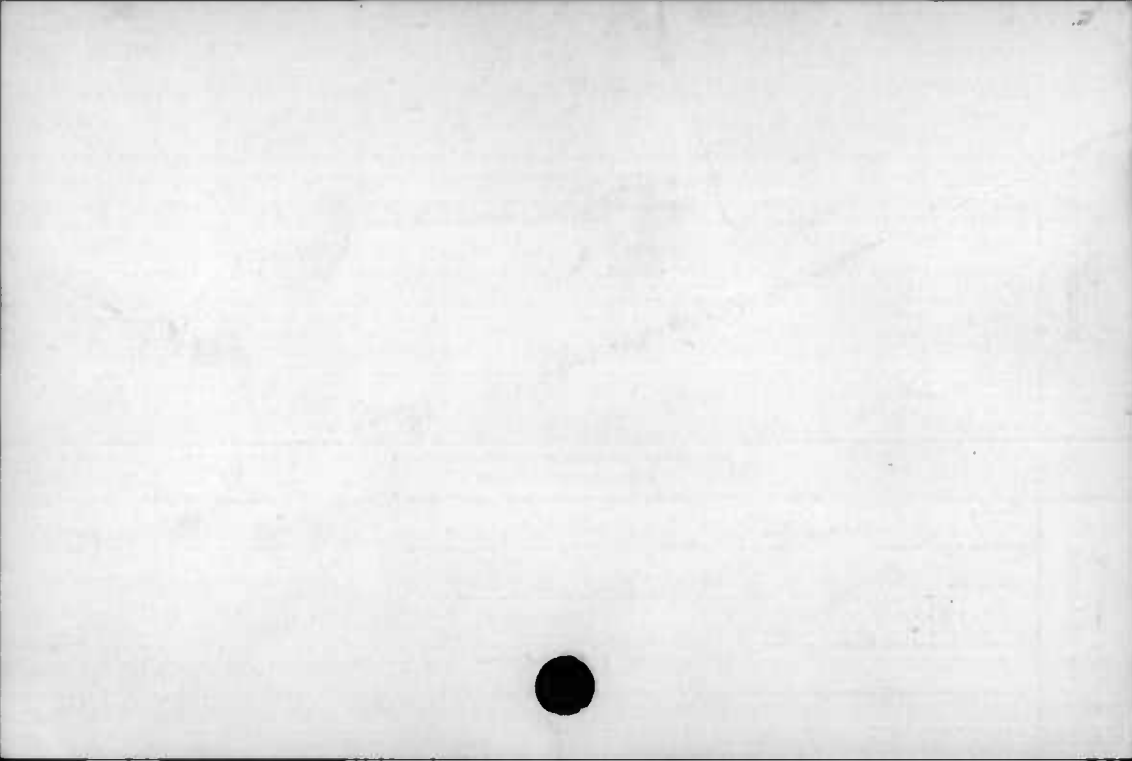
Address

J. E. Amberson

Waynesboro Pa

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mattie Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>2</u> ^{Day}		Age <u>18</u> ^{Years}		Months <u>3</u> Days <u>26</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>md</u>	
Occupation <u>House work</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>George Born</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Jennie Shinn</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>George Born</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

88

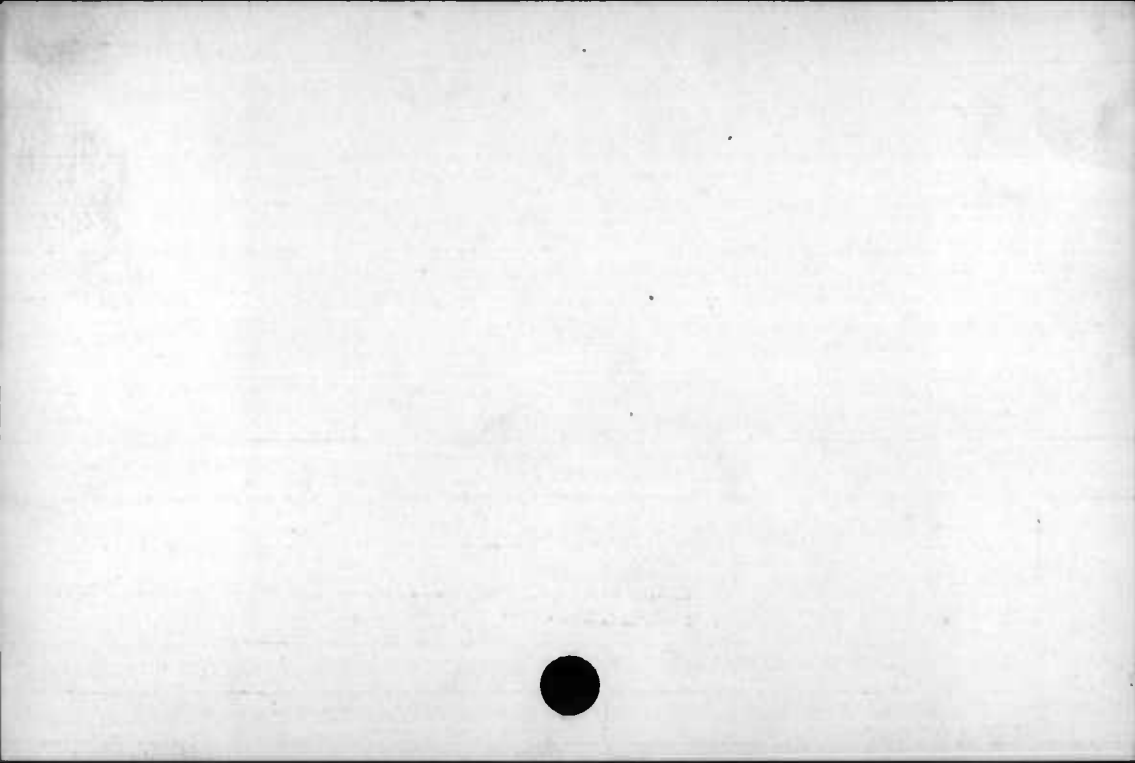
PHYSICIAN
OR CORONER

Primary	<u>Laryngitis</u>	How long <u>2 days</u>
Immediate	<u>Heart Failure</u>	How long <u>About 2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. Schindel, M.D.</u>
		Address <u>Hagerstown, Md.</u>
Accident or Suicide? <u>—</u>		

6071 under
Rose Hill

March 5

Name in Full George. Bowers		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Williamport Town		Mar - County
	Date of death 1908 Month Mar Day 30		Years — Months — Days 1
	Sex Male	Color or Race White	Birth-place Wmport Ma
	Occupation —		Where Residing if not at place of death —
	Married, Single or Widowed Single	Name of Wife or Husband —	
	Father's Name George M. Bowers	Father's Birthplace Va - Charleston	
Mother's Maiden Name Zella C. Kitzner	Mother's Birthplace Conover Mass		
Name of person giving information Geo. M. Bowers	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Premature Birth	How long Seven hours.	
	Immediate Prostration	How long Two hours.	
	Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician W. S. Richardson	
	Accident or Suicide? Yes.	Address Williamport Md	



Name
in
Full

Wm. W. Burkholder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

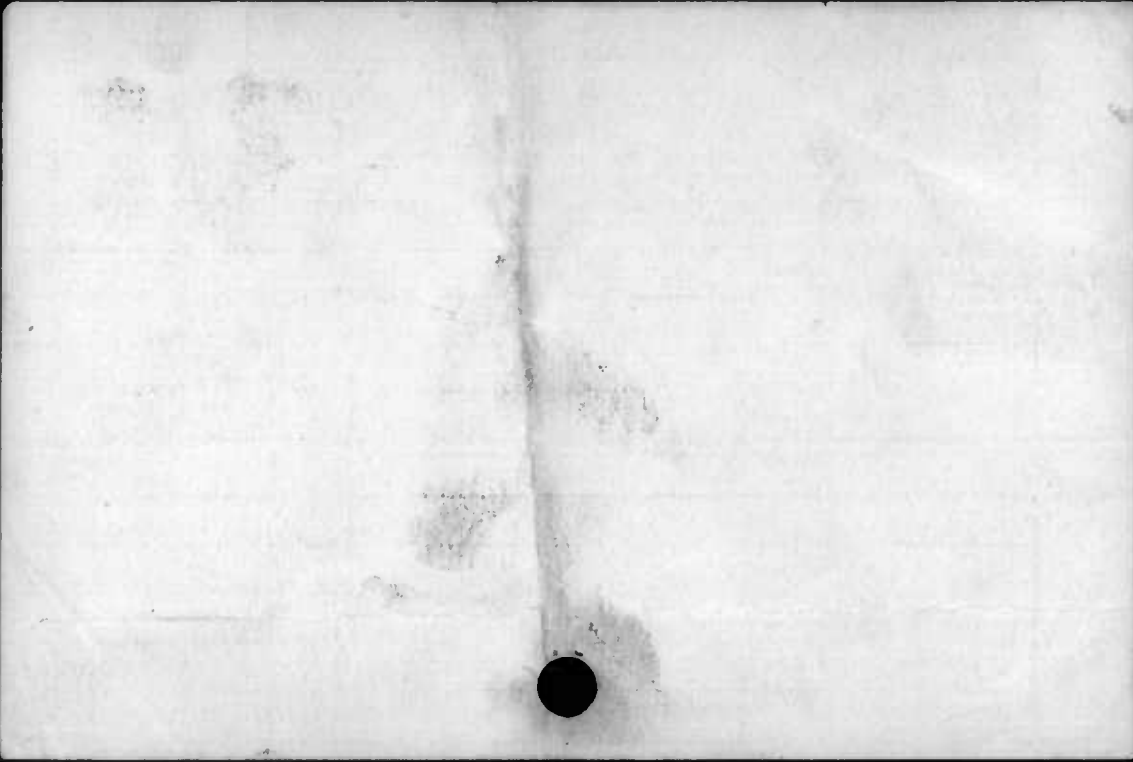
Died at <u>Charlton</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	1908	Month	March	Day	26
Sex		Male		Color or Race	White -
Occupation		Farmer		Birth-place	Pa
Where Residing if not at place of death		Charlton Md			
Married, Single or Widowed		Single			
Name of Wife or Husband		Caroline Burkholder			
Father's Name		Adams Burkholder		Father's Birthplace	Pa
Mother's Maiden Name		Mary C. Houser		Mother's Birthplace	Pa
Name of person giving information		Mrs Burkholder		How related to deceased	Wife

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	Carcinoma of kidney	How long	
Immediate	Emanition	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		E J Mason, M.D.	
		Address	
		Clearspring, Md	
Accident or Suicide?			



Name in Full		Brothy Childress				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hagerstown		Washington		MARYLAND	
	Date of death	1908	Month 3	Day 16	Age Years	Months 15	Days 3
	Sex	Female		Color or Race	White		Birth- place
	Occupation	Child		Where Residing if not at place of death		Md	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Arthur Childress				Father's Birthplace	N. C.
	Mother's Maiden Name	Emma Fretwell				Mother's Birthplace	N. C.
Name of person giving In formation	Arthur Childress				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(8)</div>							
PHYSICIAN OR CORONER	Primary	Pertussis				How long	5 weeks
	Immediate	Pneumonia				How long	5 or 6 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				L. M. Zimmerman Hagerstown Md			

6/2/08
Rox Hill

3/16/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Flossie Gannwa Clipp

Town *Trago* County *Washington* State *MARYLAND*

Died at *Trago*

Date of death *1908* Month *3* Day *4* Age *—* Years *—* Months *1* Days *10*

Sex *Female* Color or Race *White* Birth-place *Trago*

Occupation *None* Where Residing if not at place of death *Trago*

~~Married~~ Single or ~~Widowed~~ Name of Wife or Husband *Joseph*

Father's Name *Joseph H Clipp* Father's Birthplace *W Va*

Mother's Maiden Name *Petella Gannwa Clipp* Mother's Birthplace *Trago*

Name of person giving information *Joseph H Clipp* How related to deceased *Father*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Indigestion* How long *5 weeks*

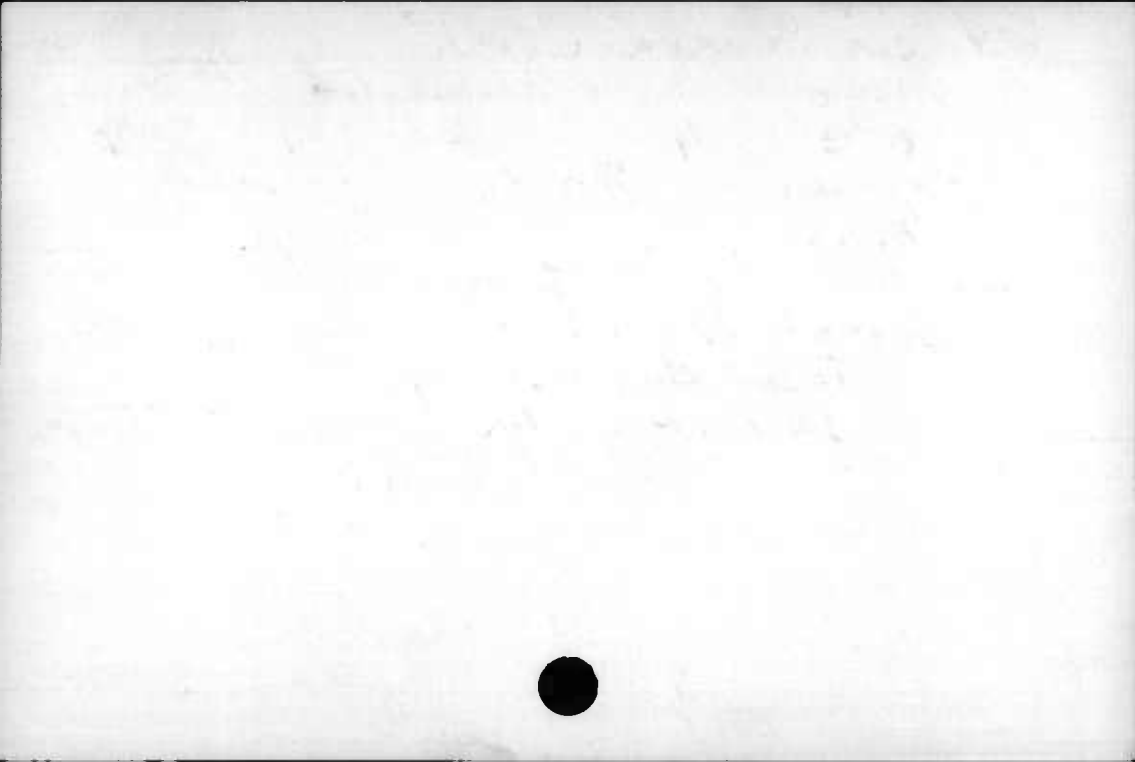
Immediate *Convulsions* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. M. Nihisen*

Address *Lee Dysville Md*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

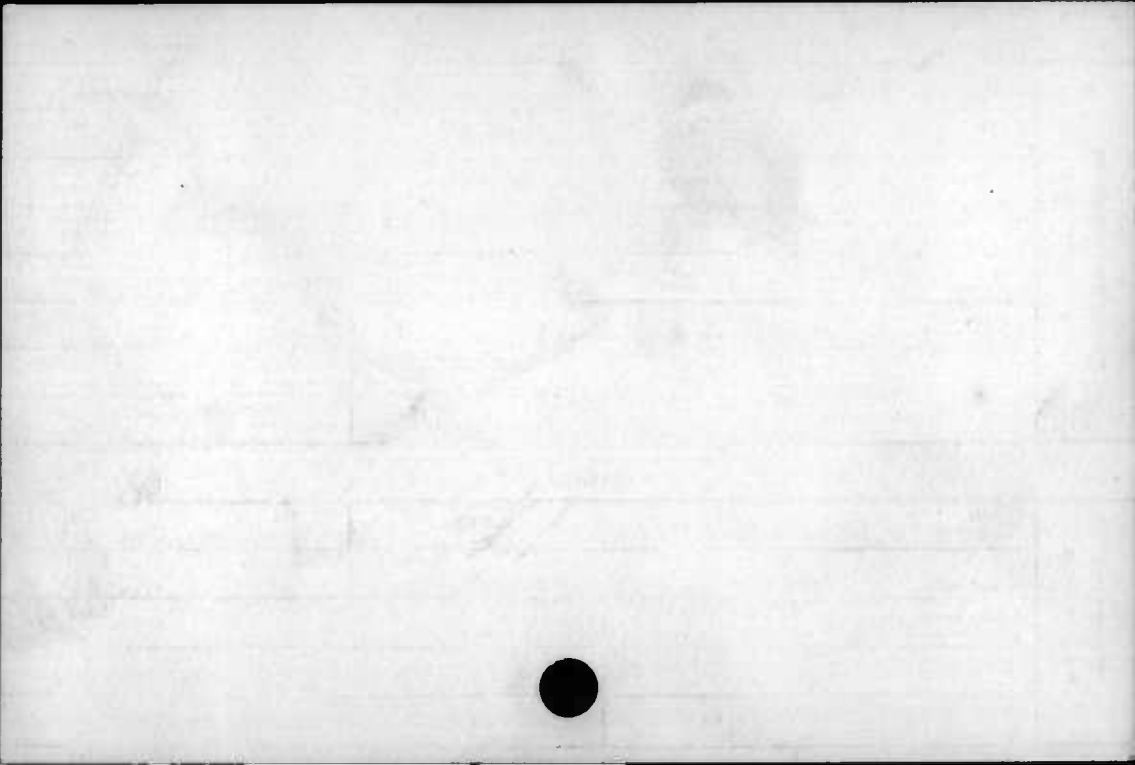
Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	Month <i>3</i>	Day <i>13</i>	Age <i>—</i>	Months <i>8</i>	Days <i>21</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Oscar M. Corderman</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Bessie Eader</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>O M Corderman</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary	<i>Bacterial Pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Helen Duille</i>	
<i>yes</i>		Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret L. Leonard*

Town *Yanowshing* County *Washington* MARYLAND

Died at *Yanowshing*

Date of death 190*8* Month *3* Day *30* Age *11* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Md*

Occupation *~~~~~* Where Residing if not at place of death *~~~~~*

Married, Single or Widowed *X* Name of Wife or Husband *~~~~~*

Father's Name *Milton Leonard* Father's Birthplace *Va*

Mother's Maiden Name *Ida B. Ferris* Mother's Birthplace *Md*

Name of person giving information *Lorenzo U. Phillips* How related to deceased *M. relation*

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary *Pertussis* How long *4 days*

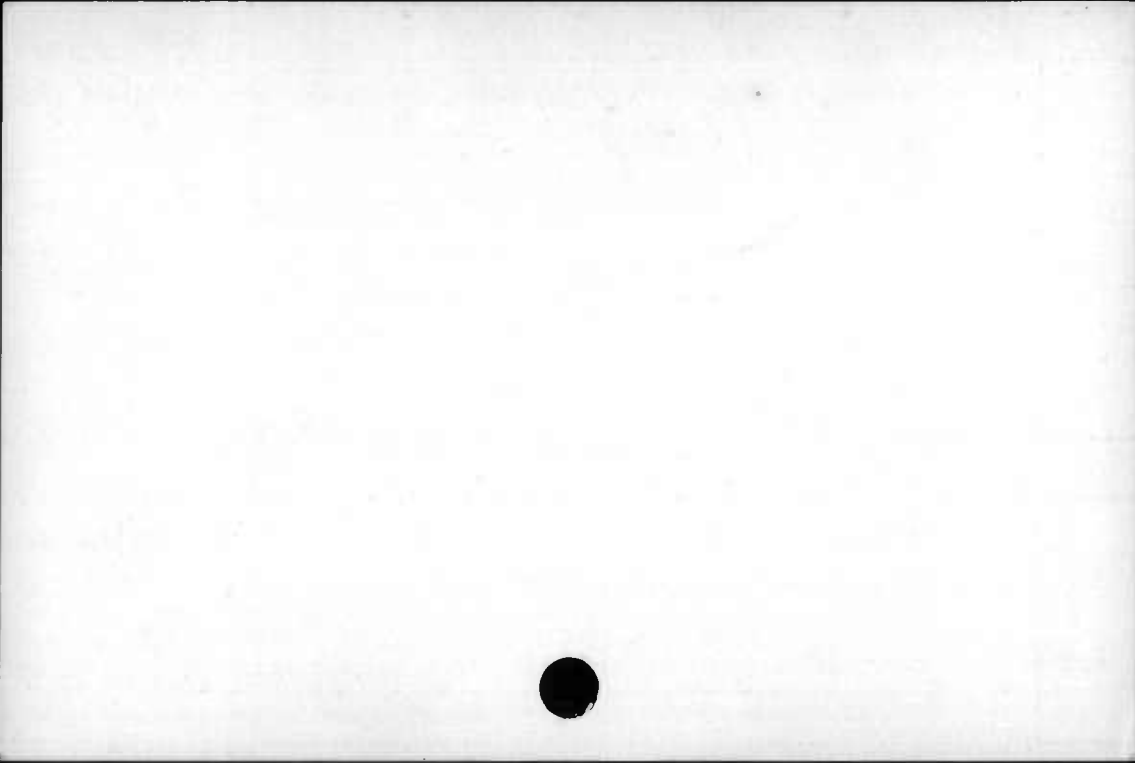
Immediate *"* How long *~~~~~*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. T. Yonker*

Address *Brunsville Md*

Accident or Suicide? *~~~~~*



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>23</i>	Age <i>44</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>md</i>	Months <i>—</i>
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Coxen</i>		
Father's Name <i>Anthony Jackson</i>	Father's Birthplace <i>Nc</i>		
Mother's Maiden Name <i>Margaret Wilson</i>	Mother's Birthplace <i>Nc</i>		
Name of person giving information <i>Samuel Coxen</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary <i>Parasitic Uterine Fibroma</i>	How long <i>5 yrs.</i>
Immediate <i>Chronic Peritonitis</i>	How long <i>6 mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. Scheeler</i>
<i>No.</i>	Address <i>Hagerstown</i>
Accident or Suicide? <i>No.</i>	

C. J. Green
Hofmann

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairview</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death	<i>90</i> ^{Month}	<i>8</i> ^{Day}	<i>24</i> ^{Year}	<i>3</i> ^{Months}	<i>12</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Charles Cunningham</i>		
Mother's Maiden Name			<i>Laura Kretzer</i>		
Name of person giving information			<i>C. Cunningham</i>		
Father's Birthplace			<i>Ind</i>		
Mother's Birthplace			<i>Ind</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary	<i>Burning (heat)</i>	How long	
Immediate	<i>Accidental</i>	How long	<i>5 Hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Harry Kretzman</i>	
		Address	
		<i>Fairview</i>	
		<i>Ind.</i>	
Accident or Suicide?			

Feb 12th 3 yrs

9:30 Friday

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

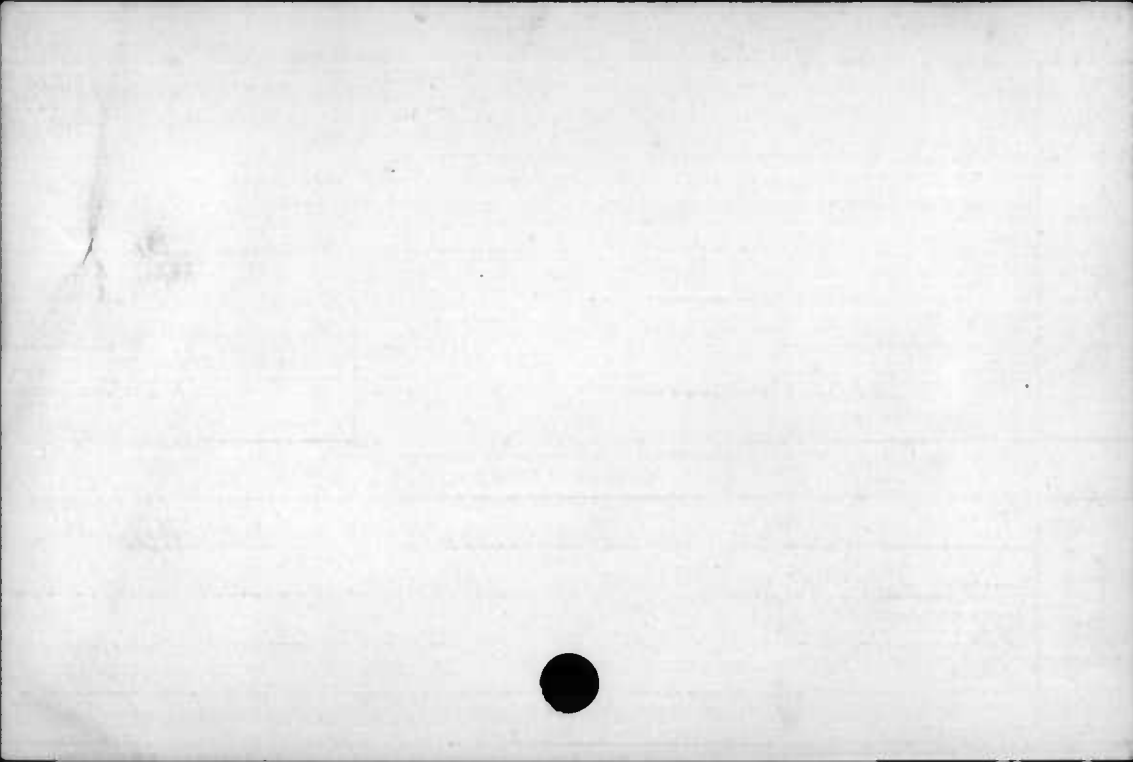
Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1908	Month	3	Day	7
Age	62	Years		Months	4
Sex	Female	Color or Race	White	Birth-place	Pa
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Carrolline B. Davis</i>			
Father's Name	<i>Walter B. Davis</i>			Father's Birthplace	Pa
Mother's Maiden Name	<i>Elizabeth B. Davis</i>			Mother's Birthplace	Pa
Name of person giving information	<i>Carrolline B. Davis</i>			How related to deceased	Handed

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis -</i>	How long	<i>2-3 years</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Victor Guillen Jr.</i>	
		Address	
		<i>Hagerstown, Md.</i>	
Accident or Suicide?			
<i>no</i>			



Name
in
Full

Child of Magnus Davies

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>3</i>	Day <i>30</i>	Age <i>71</i>	Years <i>0</i> Months <i>0</i> Days <i>0</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>		
Father's Name <i>Magnus Davies</i>			Father's Birthplace <i></i>		
Mother's Maiden Name <i>Magnus / Erith</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Magnus Davies</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <i>Spasm -</i>	How long <i>Two hours</i>
Immediate <i>Spasm -</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas B B...</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	

Watkins

3/30

Name
in
Full

CERTIFICATE OF DEATH

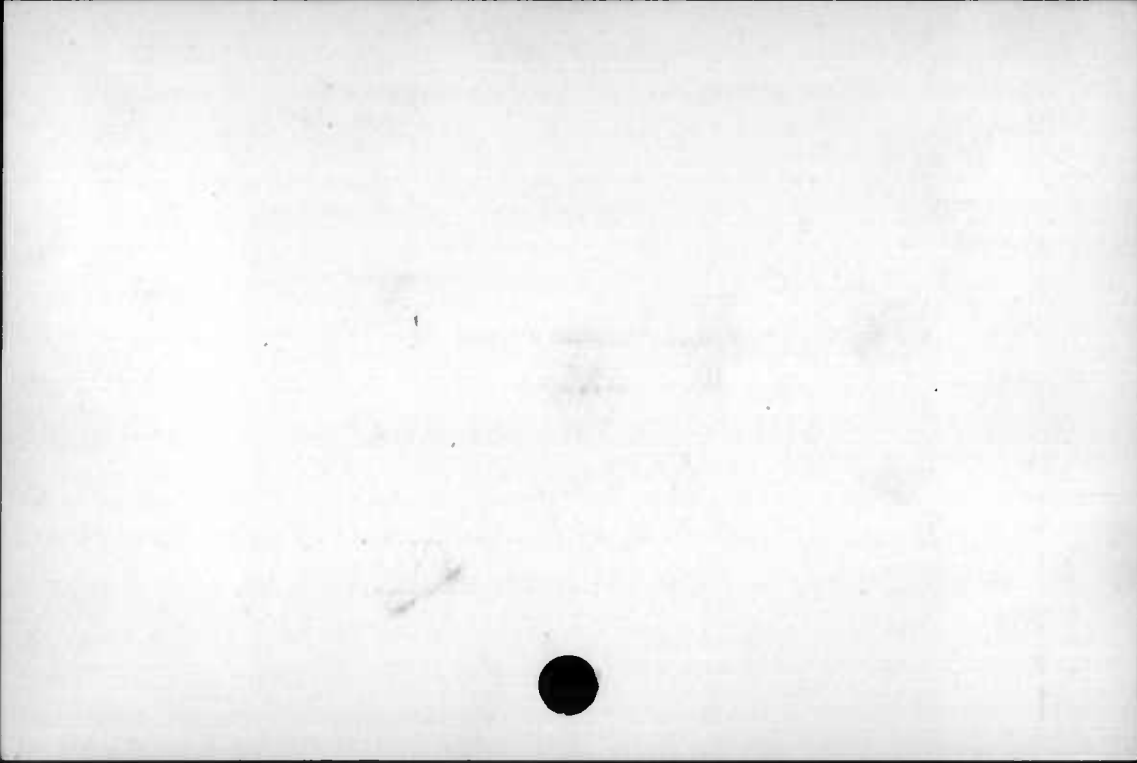
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagers town</i> ^{Town}		<i>Day</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Year}	<i>March</i> ^{Month}	<i>10</i> ^{Day}	<i>Stillborn</i> ^{Age}	<i>0</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Hagerstown, Md</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Robert Day</i>			Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>Ella Kressling</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Robt Day</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Bradyman,</i>
	<i>No</i>	Address	<i>Hagerstown, Md</i>
Accident or Suicide?			



Name In Full		Mary M Daymude				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hagerstown	County Wash.		MARYLAND		
	Date of death		1908	Month 3	Day 17	Age Years 13	Months 3	
							Days 9	
	Sex female		Color or Race white		Birth- place Md.			
	Occupation		Where Residing if not at place of death					
	Married, Single or Widowed		single		Name of Wife or Husband			
	Father's Name		James Daymude		Father's Birthplace Va.			
Mother's Maiden Name		Emma Kline		Mother's Birthplace Md.				
Name of person giving In formation		James Daymude		How related to deceased			father.	
<div>CAUSES OF DEATH</div> <div>61</div>								
PHYSICIAN OR CORONER	Primary		Meningitis		How long			4 days
	Immediate		Cerebral		How long			4 hrs
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			S W Ernst
					Address			Hagerstown Md
	Accident or Suicide?							



Name
in
Full

Lillie A Dernerast

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190 <u>8</u>	Month <u>3</u>	Day <u>10</u>	Age <u>33</u>	Years <u>3</u>	Months <u>14</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Md</u>		
Occupation <u>Housestress</u>			Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed <u>Divorced</u>	Name of Wife or Husband <u>George Dernerast</u>				
Father's Name <u>John Summers</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Kennetha Maesock</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Mrs Wm Starbman</u>	How related to deceased <u>sister</u>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <u>La Grippe</u>	How long <u>2 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. H. Den-M.D.</u>
	Address <u>Hagerstown Md.</u>
Accident or Suicide? <u>_____</u>	

L. M. Watkins

3/19

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	190	Month	3	Day	9	Age	25
Sex	Female		Color or Race	White		Birthplace	MD
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Broncho Pneumonia	How long	Four days
Immediate	Acute Nephritis	How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. E. Pitsenogle	
		Address	
		Hagerstown	
Accident or Suicide?			

Watkins

3/19

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

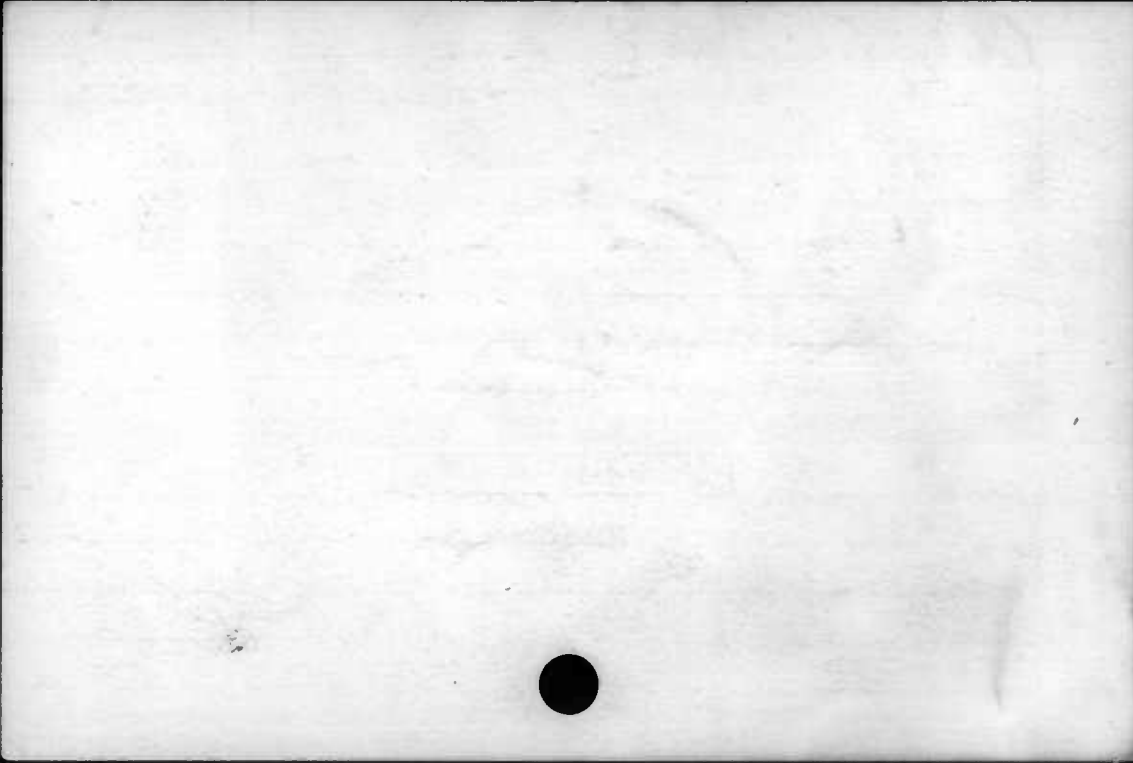
Name in Full <i>Amanda E Drury</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Date of death 1908		Age 62		Months 5	
Month <i>13</i>		Day <i>29</i>		Years <i>62</i>		Days <i>24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Gladys</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Hagerstown</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Wm T. Drury</i>					
Father's Name <i>Samuel Taylor</i>		Father's Birthplace <i>Dont mo</i>					
Mother's Maiden Name <i>Eusene August</i>		Mother's Birthplace <i>dont mo</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>acute indigestion</i>	How long	<i>few hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Victor Swiller Jr.</i>	
<i>Yes</i>		Address <i>Hagerstown, Md</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Susan Eyerly</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>1908</i>		<i>Mar 26</i>		<i>63</i>		<i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i>N. N.</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>widow</i>		Name of Widow Husband <i>Albert J. Eyerly</i>					
Father's Name <i>Thomas Mitting</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Henneberger</i>		Mother's Birthplace <i>md.</i>					
Name of person giving information <i>Mary Eyerly</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>3-4 yrs (?)</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>T. J. Miller Jr.</i>	
		Address <i>Hagerstown, Md.</i>	
Accident or Suicide? <i>No</i>			

Suter
3/27

Name in Full		Wm Carlton Gardner						CERTIFICATE OF DEATH	
		Town		County		MARYLAND			
Died at		Hagerstown		wash					
Date of death		1908	Month Mar	Day 26	Age 56	Years	Months 1	Days 11	
Sex		male		Color or Race white		Birth-place Md.			
Occupation		Machinist		Where Residing if not at place of death					
Married, Single or Widowed		single		Name of Wife or Husband					
Father's Name		William Gardner				Father's Birthplace		Md.	
Mother's Maiden Name		Elizabeth Reershey				Mother's Birthplace		"	
Name of person giving information		Mrs C. E. Young				How related to deceased		sister.	
		CAUSES OF DEATH				(27)			
Primary		Phthisis Pulmonalis				How long		8 mos	
Immediate		Exhaustion				How long		—	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		M. M. Moon			
				Address		Hagerstown Md			
Accident or Suicide?		no							

Clearspring

Suter

3/27

Name

in
Full

CERTIFICATE OF DEATH

Catharine Ogle Gobin

Town

County

Died at

Indian Spring

Washington

MARYLAND

Date

1908

Month

March

Day

7

Age

Years

73

Months

9

Days

12

Sex

Female

Color or
Race

White

Birth-
place

Pennsylvania

Occupation

Housewife

Where Residing if not
at place of death

Indian Spring

~~Married~~
or WidowedName of Wife or
Husband

Cornelius M. Gobin

Father's
Name

Charles Gobin

Father's
Birthplace

Pennsylvania

Mother's
Maiden Name

Elizabeth Ogle

Mother's
Birthplace

Unknown

Name of person giving
Information

C. E. Gobin

How related
to deceased

Son

CAUSES OF DEATH

91

Primary

Chronic bronchitis

How long

Five years

Immediate

Heart failure

How long

Eighteen hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Abraham Shank

Address

Clearspring
Washington Co.TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mahlon F. Gouff.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

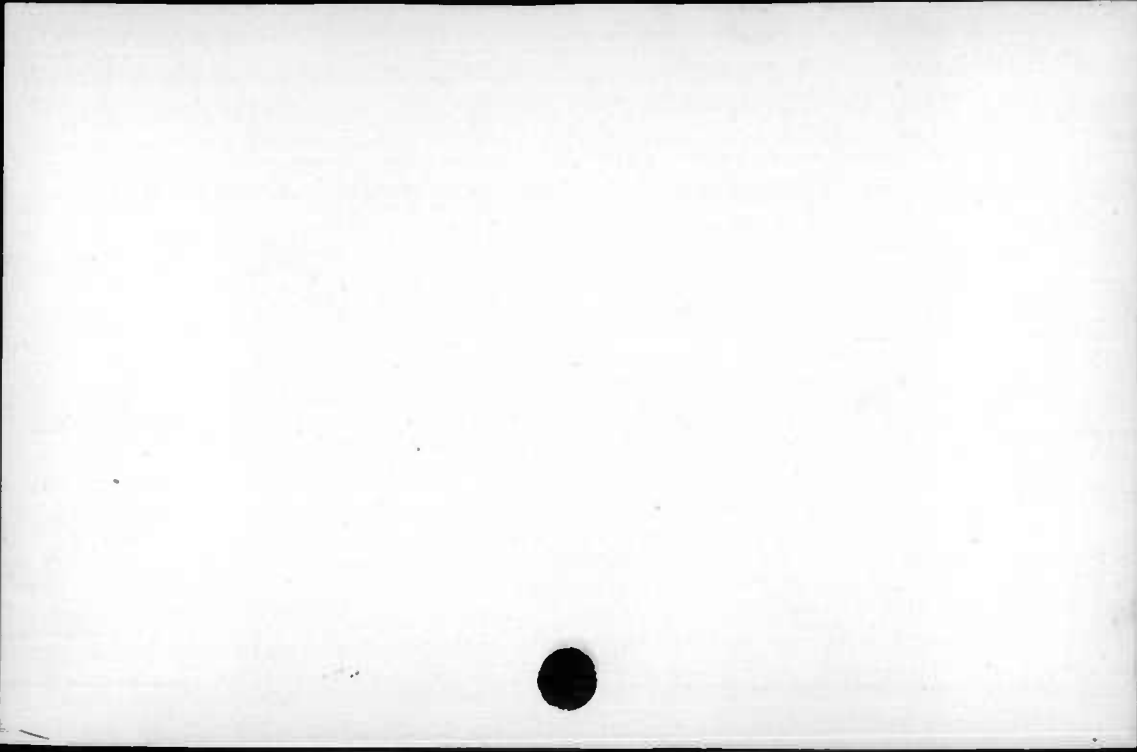
Died at <u>Rohrerstown</u>		Town <u>Wash</u>		County		MARYLAND	
Date of death	1908	Month	Mar.	Day	25	Age	76
Sex		M		Color or Race		White	
Occupation		Fence maker.		Birth-place		Rohrerstown	
Where Residing if not at place of death							
Married, Single		Name of Wife or Husband <u>Mary Miller</u>					
Father's Name		Adam Gouff.		Father's Birthplace		Md.	
Mother's Maiden Name		Charlotte Krutinger		Mother's Birthplace		Md.	
Name of person giving information		Wife Mary Gouff.		How related to deceased		Wife	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Stenosis of Aortic valve</u>	How long	<u>10 years</u>
Immediate	<u>Myocardial infarction</u>	How long	<u>5 months</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>C. D. Baker</u>	
Address		<u>Rohrerstown</u> <u>Maryland</u>	
Accident or Suicide?			



Name
in
Full

Emily Juniata Cleopatra Graham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

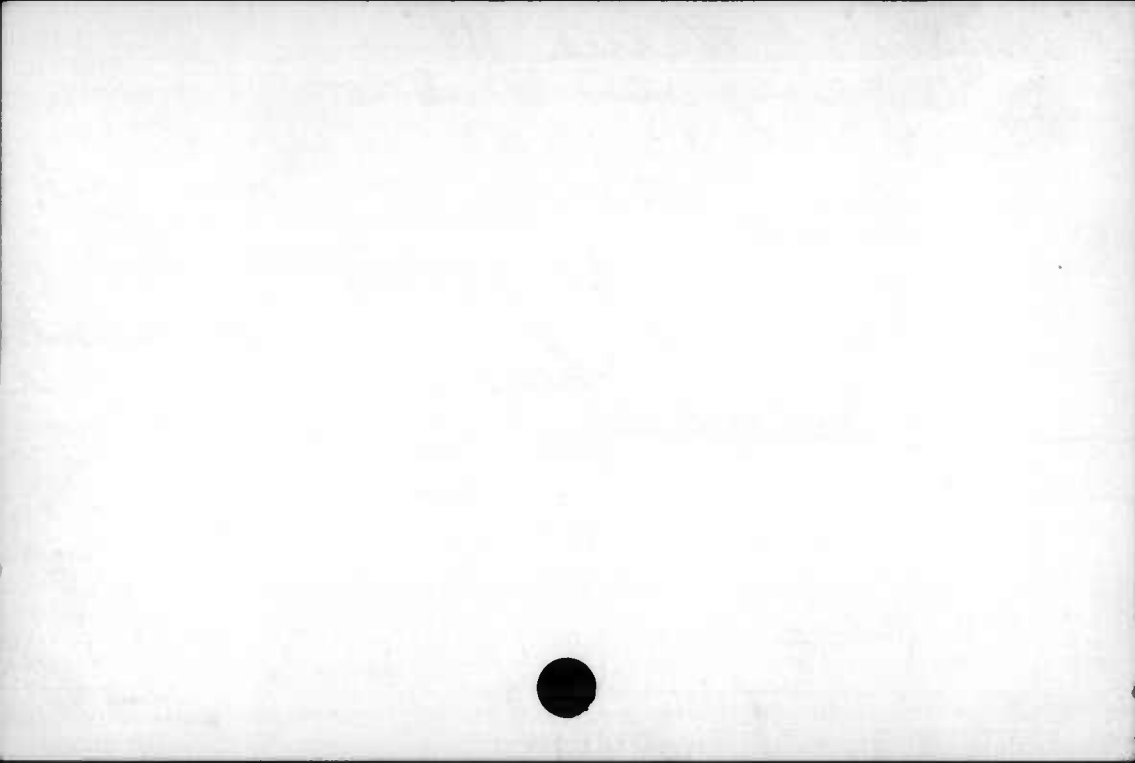
Died at <i>Gapland</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1908	Month	3	Day	31
Age		Years	8	Months	16
Sex	<i>Female</i>	Color or Race	<i>Dark</i>	Birth-place	<i>Gapland</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Charles H. Graham</i>		Father's Birthplace <i>Monrovia</i>	
Mother's Maiden Name		<i>Anna T. Fisher</i>		Mother's Birthplace <i>Buck Kett'sville</i>	
Name of person giving information		<i>Charles H. Graham</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>Suddenly</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. L. G. Carter</i>	
		Address	
		<i>Brownsville</i>	
		<i>Maryland</i>	
Accident or Suicide?			



Name
in
Full

Amanda E Harris W

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Days} ^{Town} ^{County}
Addition Hagerstown Wash Co

Date of death 1908 3 Month 23 Day 63 Years Months 20 Days

Sex Female Color or Race White Birth-place Beaver Creek

Occupation Housewife Where Residing if not at place of death Trunkstown

Married, Single or Widowed Widow Name of Wife or Husband John S Harris

Father's Name Peter Gray Father's Birthplace Beaver Creek

Mother's Maiden Name Elizabeth Chester Mother's Birthplace Genevols

Name of person giving information Mrs Sijester Ragner How related to deceased Sister

CAUSES OF DEATH

79

Primary Cardiac Asthma

Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

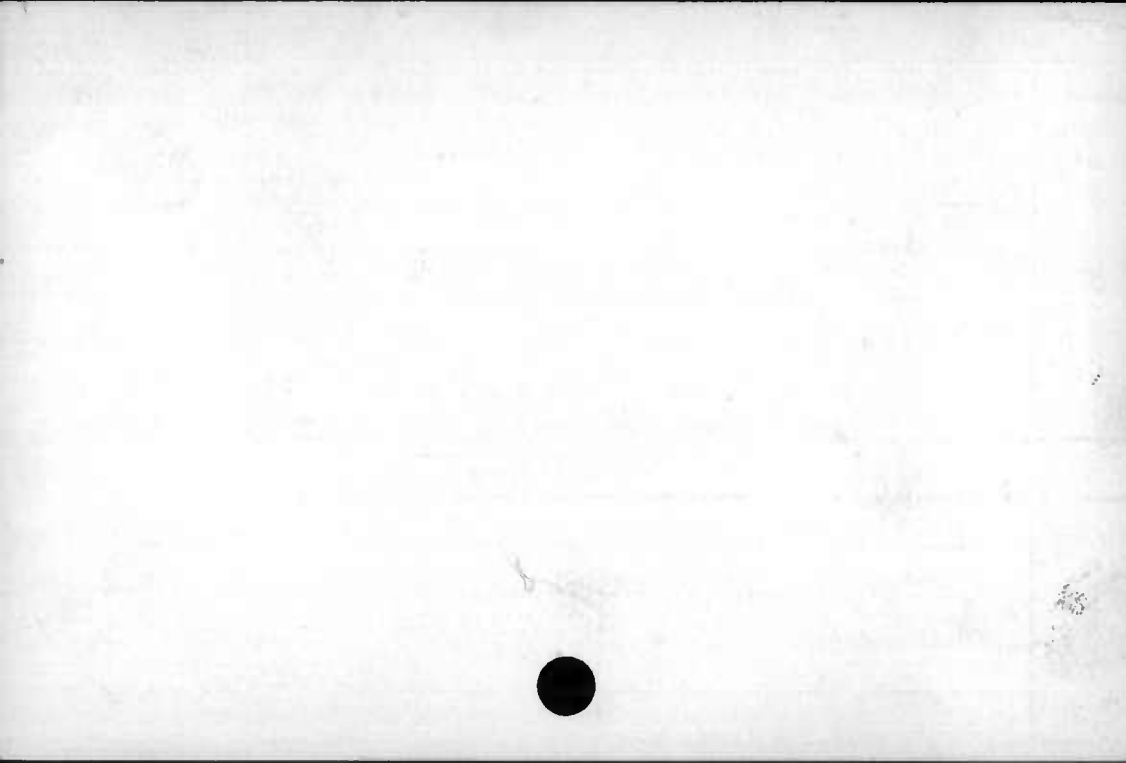
Signature of Physician

Address

W. S. Herman
Hagerstown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Alfred Henchberger				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Wagontown		Washington		MARYLAND	
	Date of death	1908	Month 3	Day 22	Age 25	Months 11	Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Leahut Maker		Where Residing if not at place of death			
	Married, Single or Widowed	The down		Name of Wife or Husband			
	Father's Name	John Henchberger		Father's Birthplace			
	Mother's Maiden Name	Mary E. Wampler		Mother's Birthplace			
	Name of person giving information	Alfred Henchberger		How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">119</div>							
PHYSICIAN OR CORONER	Primary	Chronic Bronchial Tark-				How long	
	Immediate	acute albuminuria, exhaustion -				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
Accident or Suicide?		No		Wagontown Md			

1944

10.1



Name
in
Full

Harry C. Hoover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

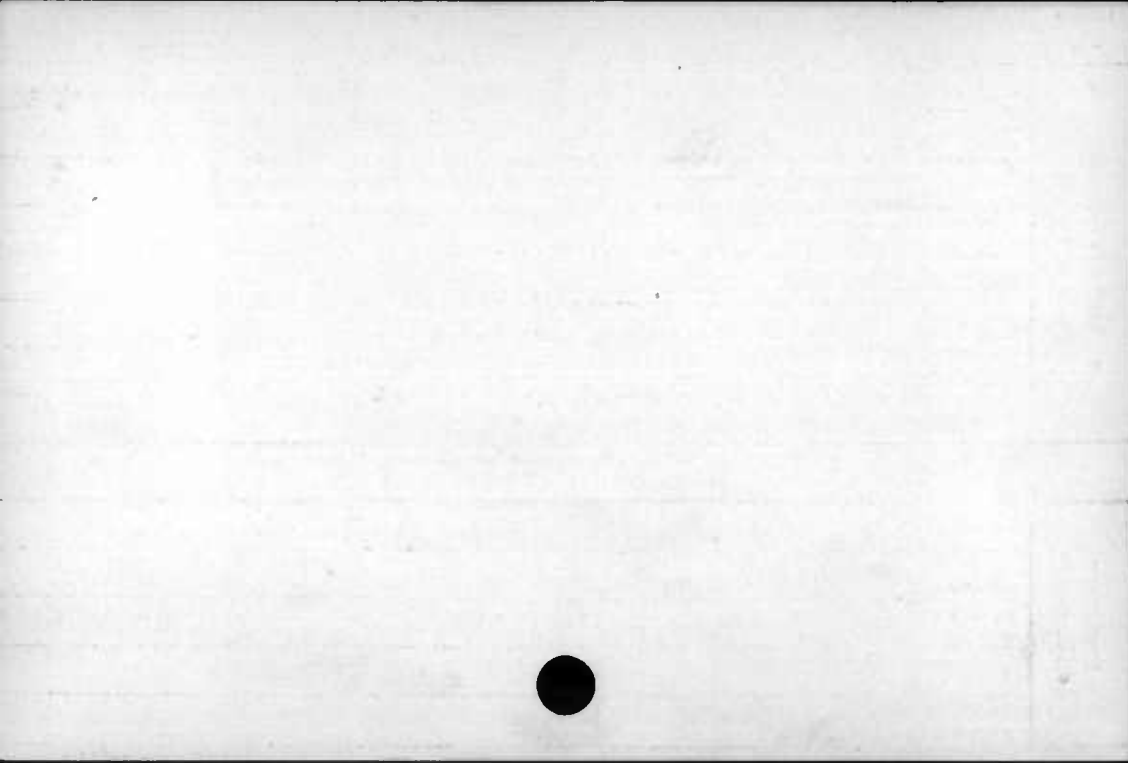
Died at <i>Dyersstown</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death	1908	Month	3	Day	17
Age		70		Years	
Sex	male	Color or Race	white	Birth-place	Penn.
Occupation	Coach Maker		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Laura F. Hoover		
Father's Name	Hoover		Father's Birthplace	Penn.	
Mother's Maiden Name	Not Known		Mother's Birthplace	Unknown	
Name of person giving Information	Harry Hoover		How related to deceased	son	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Apoplexy</i>	How long	<i>3-4 years</i>
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Victor D. Miller</i>	
		Address	
		<i>Dyersstown, Md</i>	
Accident or Suicide?			
<i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>7</u>	Month	<u>3</u>	Day	<u>6</u>
Age		<u>15</u>		Years	
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Md</u>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Wm. H. Hagerwell</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Delilah Maxley</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Wm. H. Hagerwell</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>One year</u>
Immediate	<u>Exhaustion</u>	How long	<u>Twenty four hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Daniel A. Watkins</u>	
		Address	
		<u>Hagerstown Md.</u>	
Accident or Suicide?			

Halfway,

Name
In
Full

Leonie Katherine Kane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

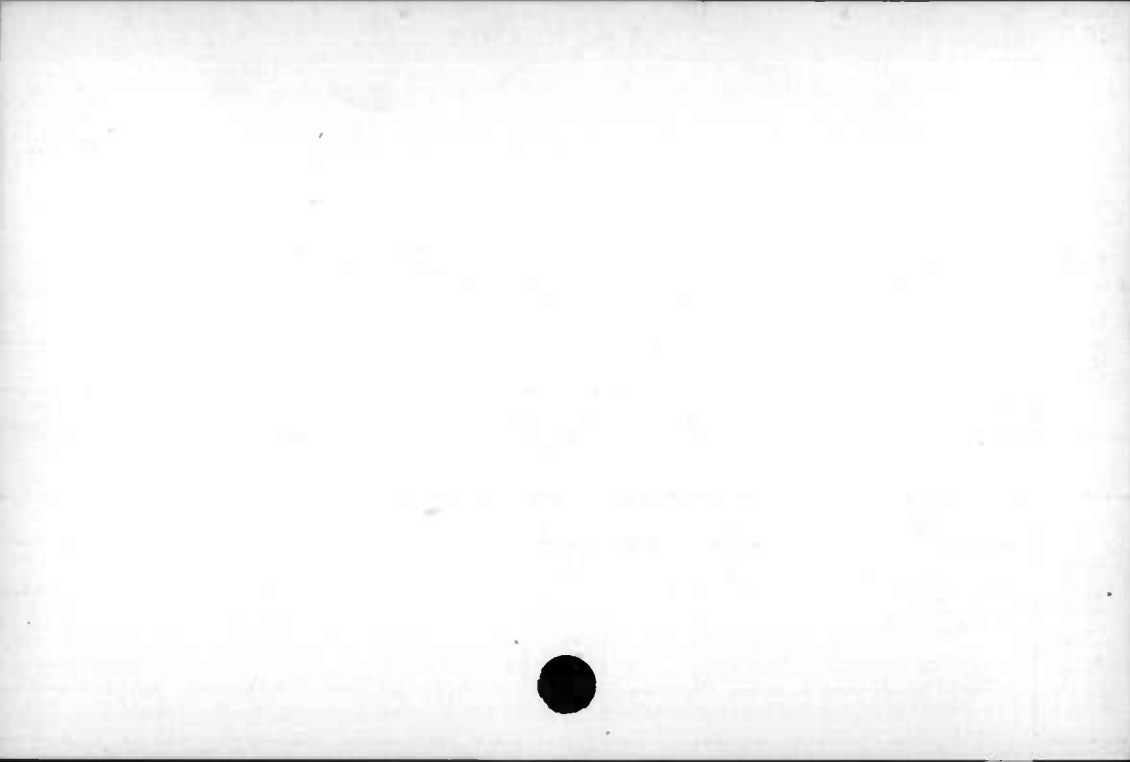
Died at <i>Big Pool</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1908	Month	3	Day	6
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Ind</i>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Albert Kane</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name		<i>Elsie M. Hart</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information		<i>Mrs W. Hart</i>		How related to deceased <i>Grandmother</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Asphyxia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. West</i>	
		Address	
		<i>Shanecock Ind</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

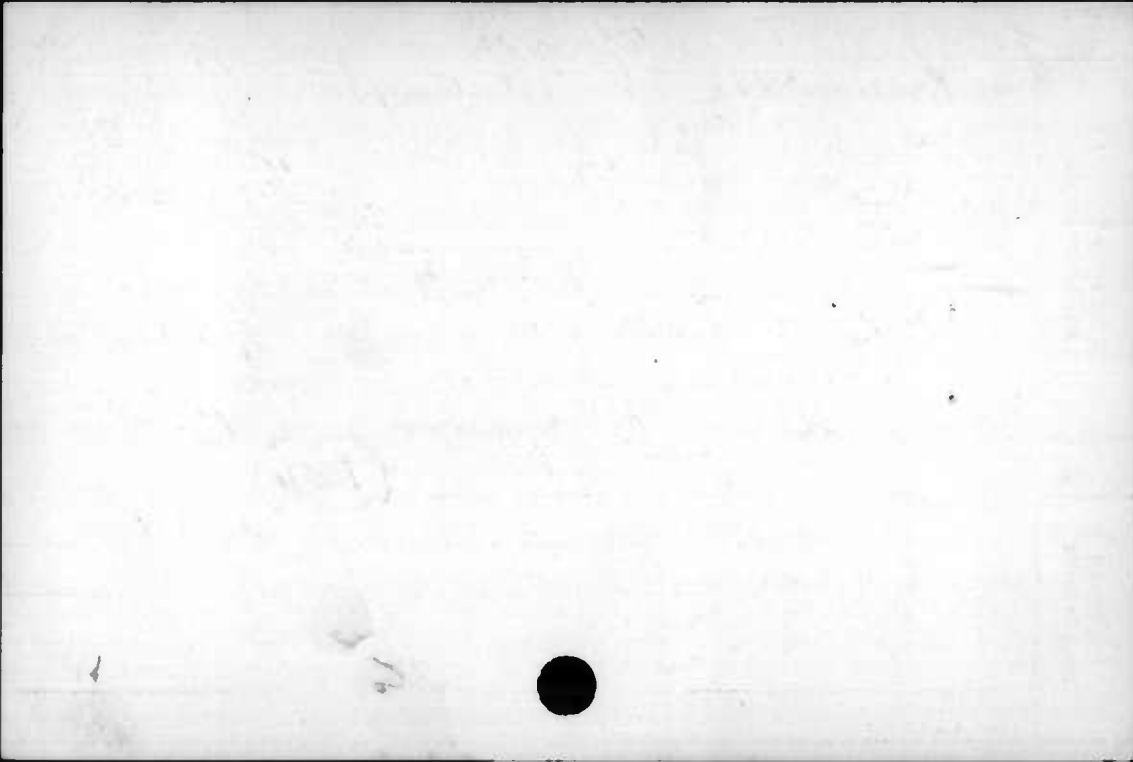
Name *Joseph Walter Kefauver*
 Died at *Keadysville* Town *Washington* County *State*
 Date of death *1908* *3* Month *20* Day *37* Years *6* Months *5* Days
 Sex *Male* Color or Race *White* Birth-place *Fredrick Co*
 Occupation *Farmer* Where Residing if not at place of death *Keadysville Md*
 Married, Single or Widowed *Married* Name of Wife or Husband *Nora H Kefauver*
 Father's Name *J H Kefauver* Father's Birthplace *Ford Co*
 Mother's Maiden Name *Virginia C Shaffer* Mother's Birthplace *Frye Co*
 Name of person giving information *George R Kefauver* How related to deceased *Brother*

CAUSES OF DEATH

144

Primary *Malignant Degenerative Atherosclerosis* How long *5 days*
 Immediate *Cardiac Asthenia* How long *"*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *H. M. Nihiser*
 Address *Keadysville Md*
 Accident or Suicide? *Accident*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ethel Irene Kershner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

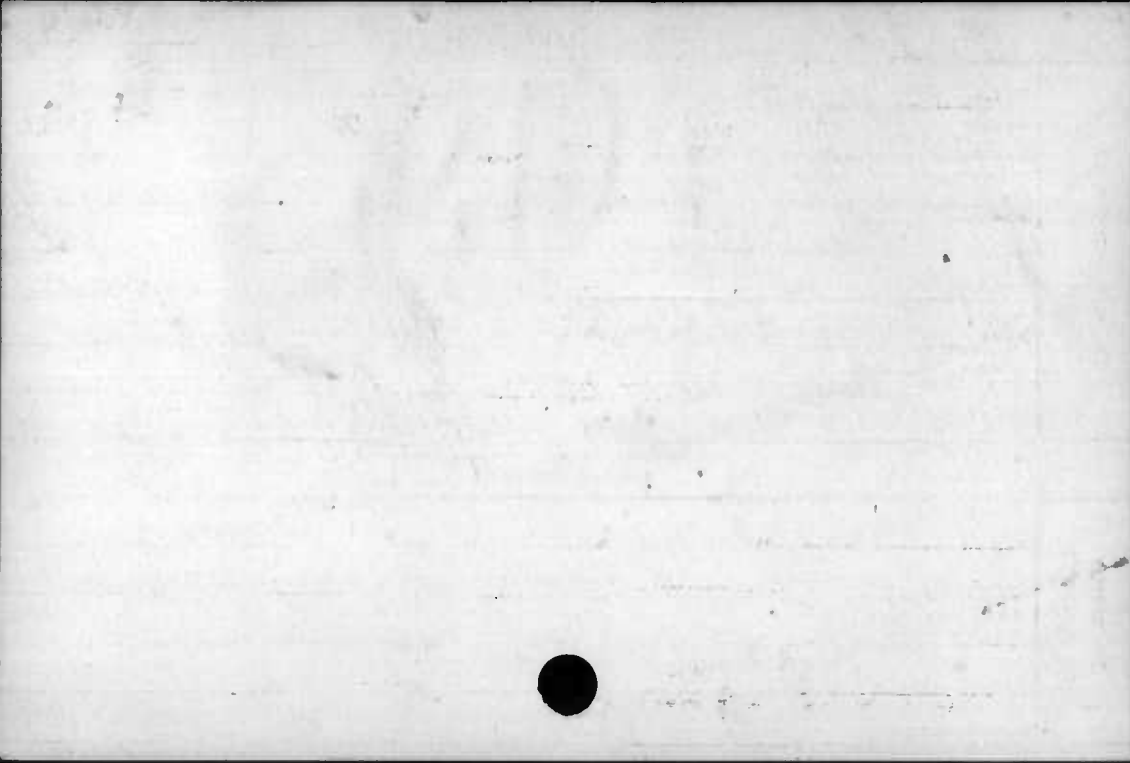
Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1908	Month	Mar	Day	1
Age	5	Years		Months	—
Sex	Female	Color or Race	White	Birth-place	Hagerstown
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Charles Edward Kershner			Father's Birthplace	Berkeley Co W Va
Mother's Maiden Name	Catharine James			Mother's Birthplace	in Neck Md
Name of person giving information	Catharine Kershner			How related to deceased	Mother

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary	<i>scarlet fever</i>	How long	<i>3 days</i>
Immediate	<i>Heart Failure</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Wm. Preston Miller</i>	
		Address	
		<i>Hagerstown Md</i>	
Accident or Suicide?			



Name
in
Full

Effie Eleonora Kainble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

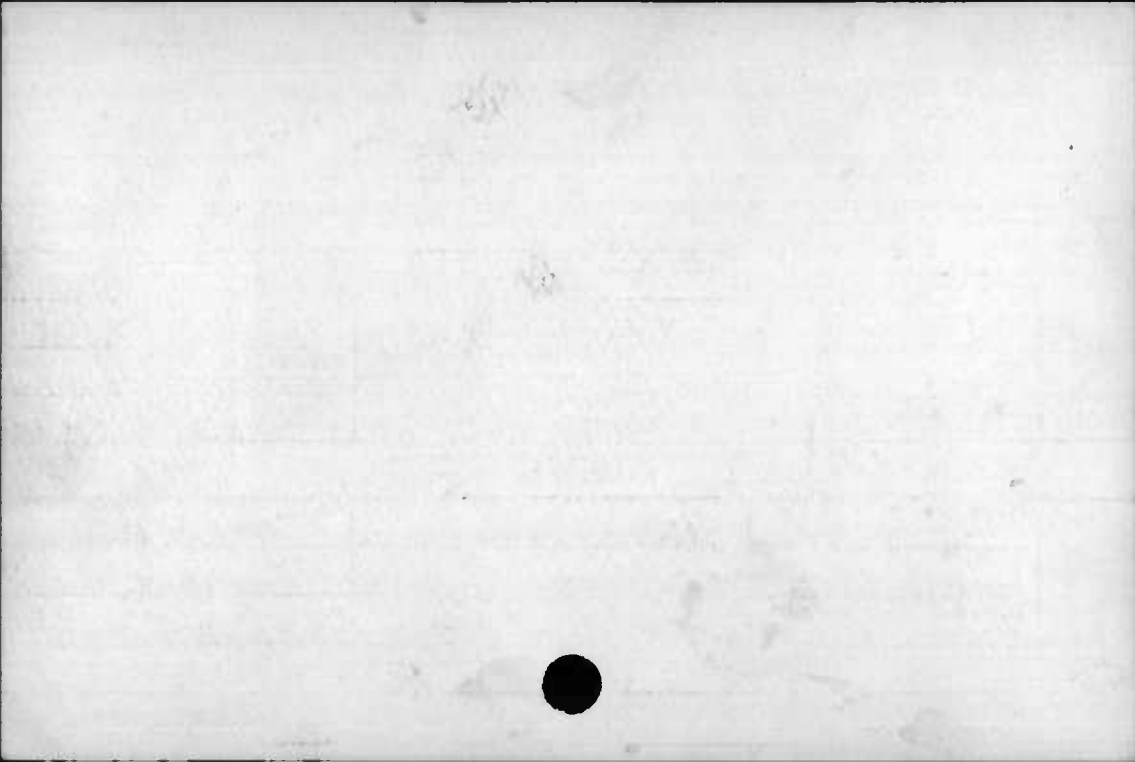
Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Mar.</i>		Day <i>31</i>		Age <i>21</i>		Years <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Conococheague</i>		Months		Days <i>11</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Williamsport</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Arthur B. Kainble</i>		Father's Name <i>Geo. W. King</i>	
Mother's Maiden Name <i>Mary Mitchell</i>		Father's Birthplace <i>Temps</i>		Mother's Birthplace <i>Conococheague</i>		How related to deceased <i>Sister</i>		Name of person giving information <i>M. K. King</i>	

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>Quarrel Septicemia</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ernest W. Gauthier</i>	
		Address <i>Williamsport Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Susann A. King*

Died at *Clear Spring* ^{Town} *Wash* ^{County}

State *MARYLAND*

Date of death *1908* ^{Month} *3* ^{Day} *4* ^{Years} *5-7* ^{Months} *5* ^{Days} *1*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

Married, ~~Single~~ *or Widowed* Name of Wife or Husband *Samuel King*

Father's Name *Hyram Wiley* Father's Birthplace *Ind*

Mother's Maiden Name *Sarah Winbrenner* Mother's Birthplace *11*

Name of person giving information *—* How related to deceased *Husband*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

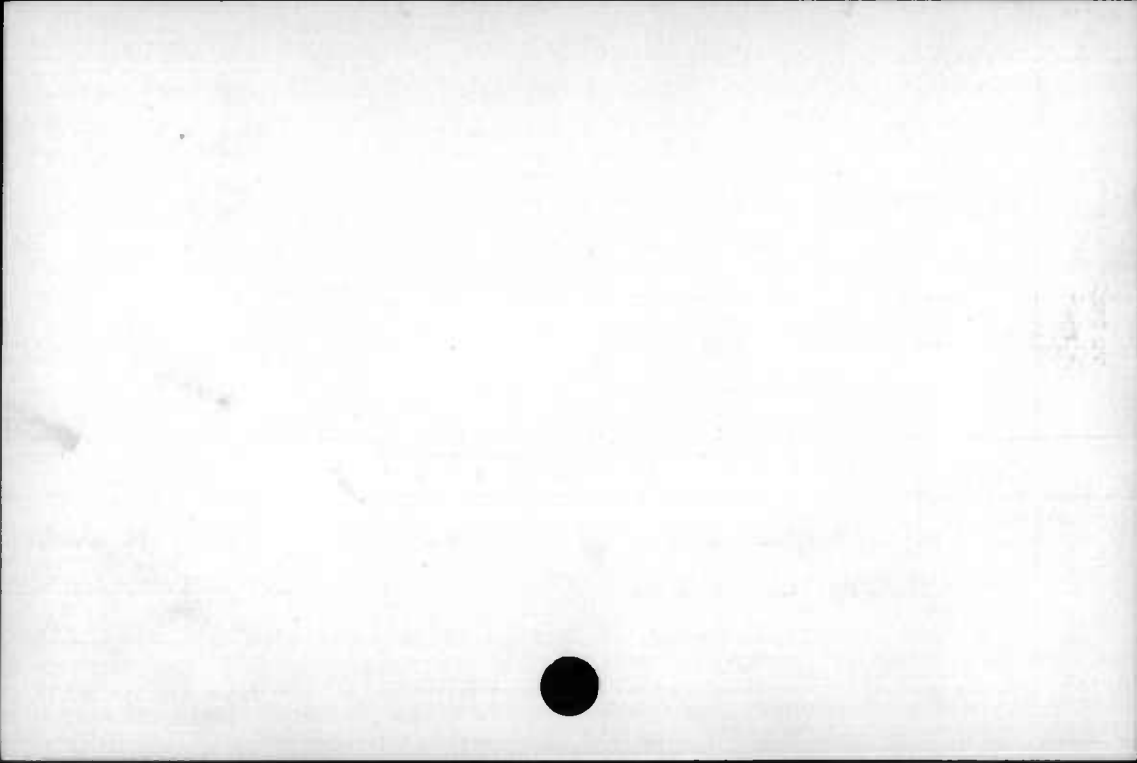
Primary *Cerebral hemorrhage* How long *Four days*

Immediate *Heart failure* How long *Twelve hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Abraham Shank*

Address *Clear Spring Washington Co.*



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hagerstown</u>				<u>Washington</u>		MARYLAND			
		Date of death 190 <u>8</u>		Month <u>3</u>	Day <u>3</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>		
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth- place <u>Ind</u>					
		Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>					
		Married, Single or Widowed <u>—</u>				Name of Wife or Husband <u>—</u>					
		Father's Name <u>David Knode</u>				Father's Birthplace <u>Ind</u>					
Mother's Maiden Name <u>Maud Leautner</u>				Mother's Birthplace <u>Pa</u>							
Name of person giving Information <u>Maud Leautner</u>				How related to deceased <u>Mother</u>							
Child still born - <u>—</u>		CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <u>Asphyxia asphyxiation</u>				How long <u>Two hours</u>					
		Immediate <u>Asphyxia during birth</u>				How long <u>Two hours</u>					
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>Clara S. Eirley</u>					
						Address <u>Hagerstown</u>					
		Accident or Suicide? <u>accident</u>									

678 - 1000
Bellman

Name in Full		Robert T. Leakins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sharpsburg		County Washington		State MARYLAND
	Date of death		1908	Month Mar	Day 30	Age 56	Years Months Days
	Sex		Male		Color or Race Colored		Birthplace Sharpsburg
	Occupation		Barber		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Otto Leakins		Father's Birthplace Montgomery Co.		
	Mother's Maiden Name		Sophia Stineback		Mother's Birthplace Sharpsburg		
	Name of person giving information		Rev. W. Beeler		How related to deceased Son-in-law		
CAUSES OF DEATH							(56)
PHYSICIAN OR CORONER	Primary		Excessive use of Alcohol			How long 700 years.	
	Immediate		Delirium Tremens			How long About 3 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician C. Arnold Gardner		
					Address Sharpsburg Md.		
	Accident or Suicide?						

Chas. S. Wade
undertaken

Name
in
Full

Lester M. Lefever

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

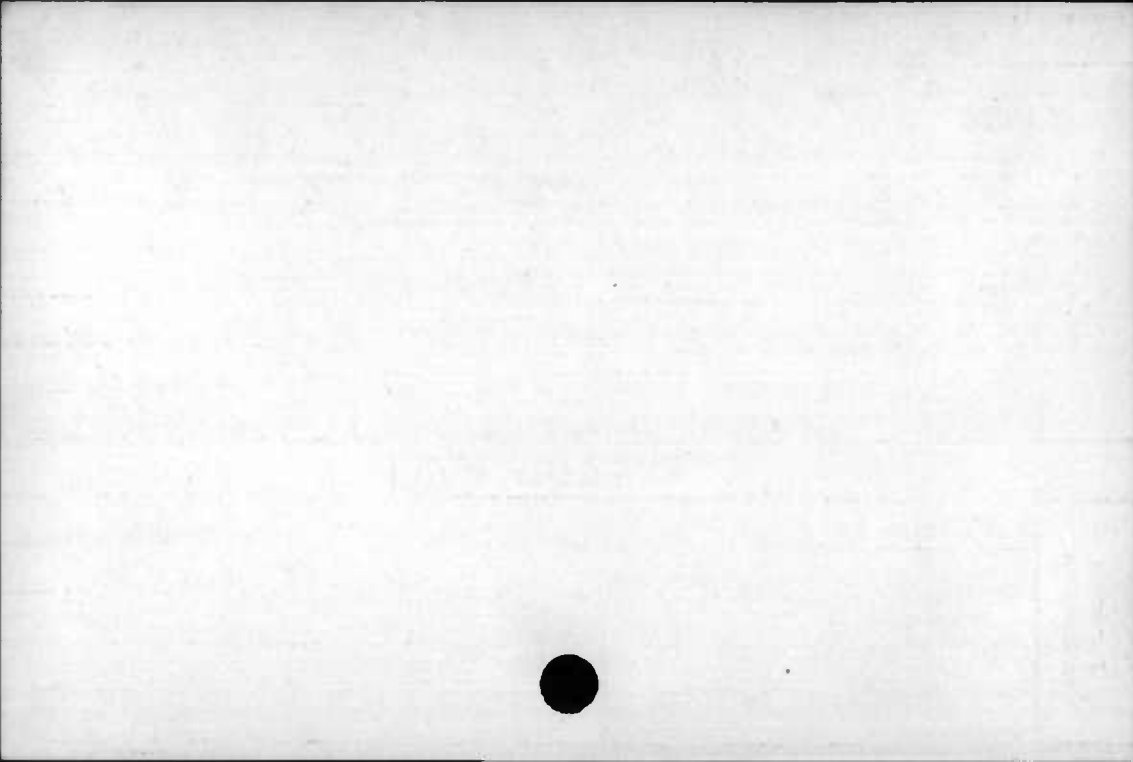
Died at <u>Routeville</u> ^{Town}		County <u>Was -</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Mar</u>	Day <u>16</u>	Age <u>5</u> Years	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Occupation <u>_____</u>			Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>_____</u>			
Father's Name <u>Harry Lefever</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Minnie Meeley</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Harry Lefever</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <u>Asphyxia</u>	How long <u>_____</u>
Immediate <u>_____</u>	How long <u>_____</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas B. B. B. B.</u>
Address <u>_____</u>	
Accident or Suicide? <u>_____</u>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Maplesville		County Washington		MARYLAND	
Date of death		1908	Month March	Day 6	Age 75	Years 9	Months 23
Sex Male		Color or Race White		Birth place Frederick Co.			
Occupation Labourer				Where Residing if not at place of death			
Married, Single or Widowed Widower		Name of Wife or Husband Mary C Hoover					
Father's Name George Lowery		Father's Birthplace Pennsylvania					
Mother's Maiden Name Ammie M Ruch		Mother's Birthplace Maryland					
Name of person giving information Martha J Lowery		How related to deceased Daughter					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Myocardial Steclerosis	How long 3 months
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		E. J. Smith
Address		Boonsboro Md.
Accident or Suicide?		

0-70-10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary D. Marpel*

Died at *Hagerstown* Town *Washington* County

DATE of death 1908 Month *3* Day *24* Age *2* Years Months *9* Days *12*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Arthur H. Marple* Father's Birthplace *Pa*

Mother's Maiden Name *Camilla M. Eberhart* Mother's Birthplace *Pa*

Name of person giving information *Arthur H. Marpel* How related to deceased *Father*

CAUSES OF DEATH

Primary *Broncho Pneumonia* **92** How long *13 days*

Immediate *Exhaustion* How long _____

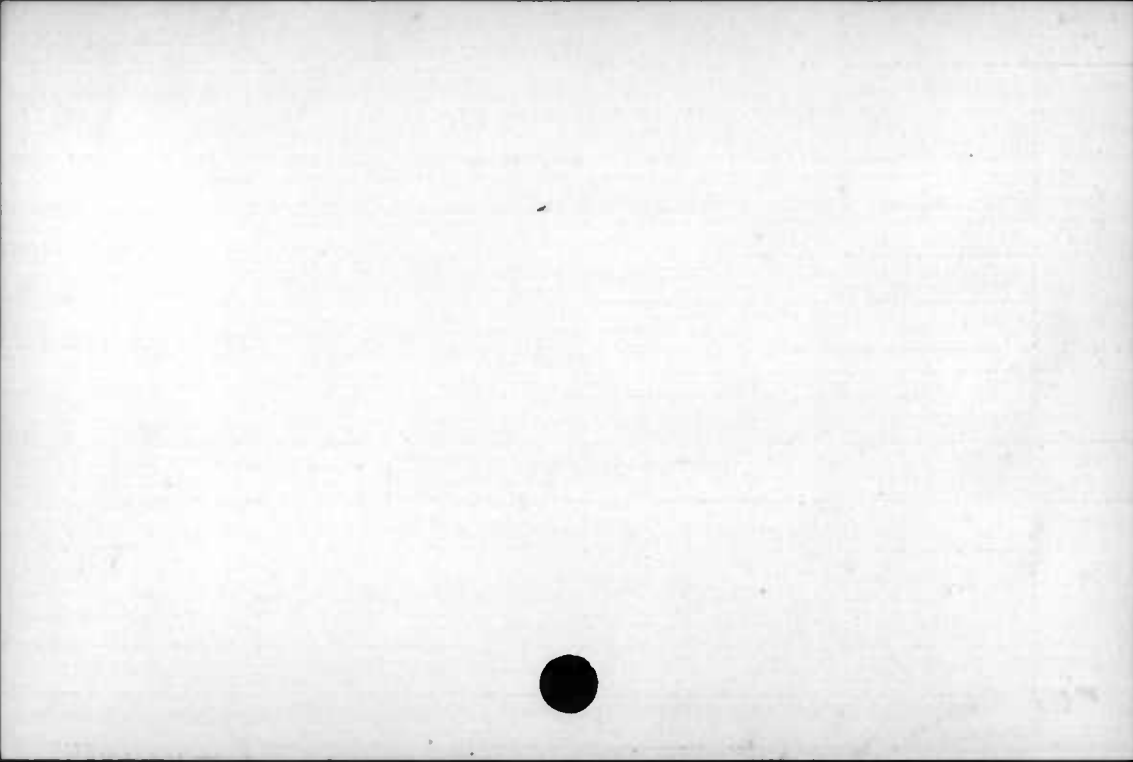
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. E. Pittsogle*

Address *Hagerstown Md*

Accident or Suicide? _____

PHYSICIAN
OR CORONER



Name
in
Full

Stella Marty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Smoketown* Town *Washington* County

Date of death *1908* Month *Mar.* Day *6* Age *—* Years Months *—* Days *2*

Sex *Female* Color or Race *white* Birth-place *Smoketown*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Lewis Marty* Father's Birthplace *Maryland*

Mother's Maiden Name *Mandy E. Fochler* Mother's Birthplace *Maryland*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

151

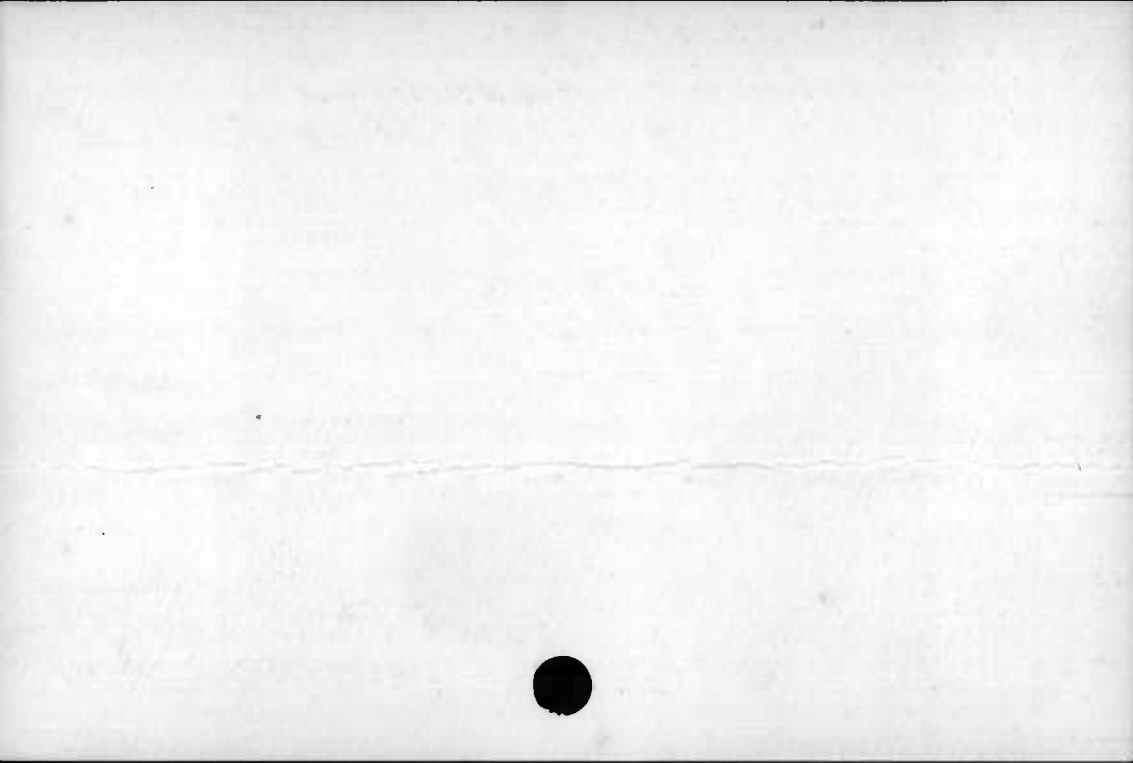
PHYSICIAN
OR CORONER

Primary *Poor development* How long *—*
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *B. H. Hoke M.D.*

Address *Myersville Md.*

Accident or Suicide? *—*



Name
in
Full

Echel Meitzer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Temp Station</i> <i>Washington</i> County		MARYLAND	
Date of death <i>1908</i> <i>3</i> Month <i>3</i> Day <i>3</i> Years <i>Steel</i> Months <i>Born</i> Days	Age		
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Temp Station</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Carlton C. Meitzer</i>	Father's Birthplace <i>Roxdale</i>		
Mother's Maiden Name <i>Anna E. Meitzer</i>	Mother's Birthplace <i>Spingler</i>		
Name of person giving information <i>Carlton C. Meitzer</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Skinned Born</i>	How long <i>5</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. R. Richardson</i>
	Address <i>Williamport</i>
Accident or Suicide?	



Name
in
Full

Ethel Grace Miller.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

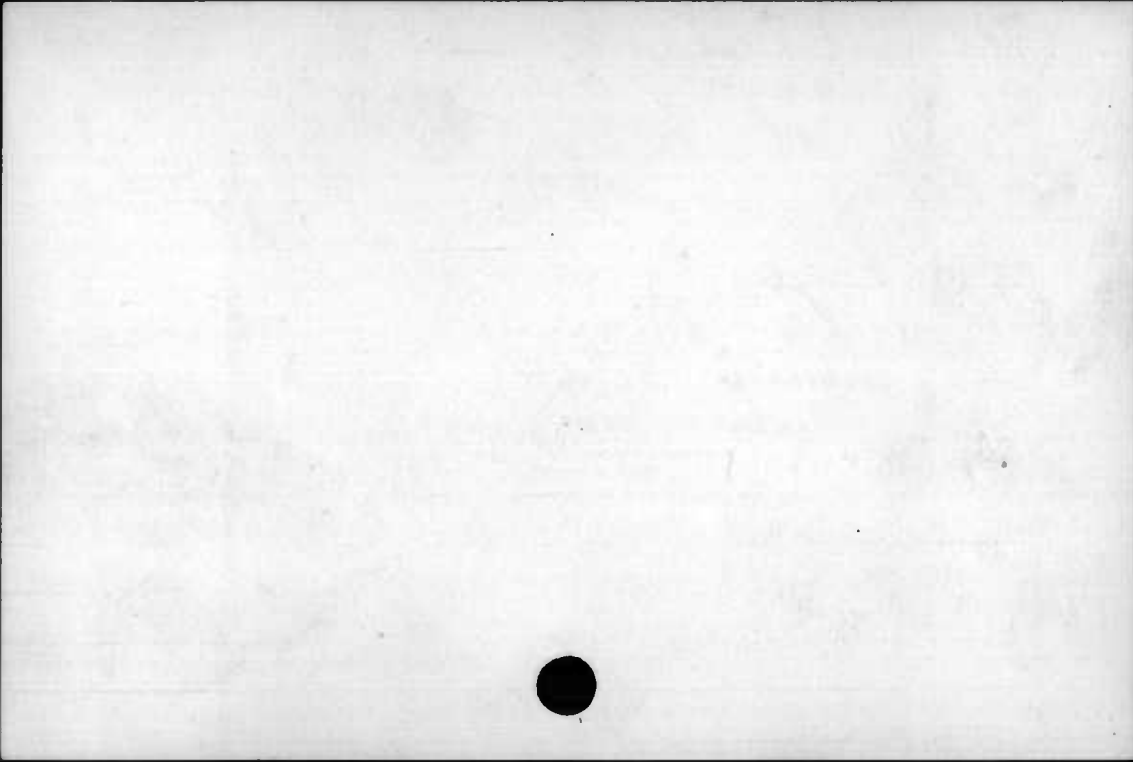
Died at		Leitersburg		Washington		Maryland	
Date of death		1908	Mar	24	Age	9	6 Months 2 Days
Sex		Female		Color or Race		White	
Occupation				Birth-place		Pa.	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Aquila W. Miller		Father's Birthplace		Leitersburg Md	
Mother's Maiden Name		Emma Breager		Mother's Birthplace		Leitersburg Md	
Name of person giving information		Andrew Miller.		How related to deceased		Grand father	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary		Pneumonia		How long		two days	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Wishard			
		Address		Leitersburg		Md.	
Accident or Suicide?							



Name
in
Full

Hilma Eileen Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halfway</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>11</i>	Age <i>7</i> Years	Months <i>11</i> Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>Halfway</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Rufus Morgan</i>		Father's Birthplace <i>Ohio</i>			
Mother's Maiden Name <i>Minnie Gantz</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Rufus Morgan</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>7 mos</i>
Immediate <i>Cardiac failure & exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. M. DeGarmo</i>
	Address <i>Wiggins town, Md</i>
Accident or Suicide? <i>No</i>	

Fahrzeug.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hoffway</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	1908	Month	3	Day	16
Age	74	Years		Months	1
				Days	14
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	House work	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband <u>David H Morin</u>			
Father's Name	David H Morin	Father's Birthplace		Ind	
Mother's Maiden Name	Susan Buchanan	Mother's Birthplace		Ind	
Name of person giving Information	D H Morin	How related to deceased		Son	

CAUSES OF DEATH

66

Primary	<u>Paralysis</u>	How long	3 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>J M Scott</u>	
Address		<u>Hagerstown</u>	
Accident or Suicide?			

Wm Sph

Name in Full		Rachel Munsch ^{sub}				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND		
		Date of death 1908		Month 3	Day 27	Age 44	Years	Months
		Sex Female		Color or Race white		Birth-place Pa		
		Occupation House work		Where Residing if not at place of death				
		Married, Single or Widowed Widow		Name of Wife or Husband				
		Father's Name Jacob Bittenger		Father's Birthplace Pa				
Mother's Maiden Name Don't know		Mother's Birthplace Pa						
Name of person giving information Harry S Welsh		How related to deceased Pa						
		CAUSES OF DEATH				(42)		
PHYSICIAN OR CORONER		Primary Carcinoma of Uterus (I think)		How long 8 mos				
		Immediate Exhaustion		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician M. J. Momeon				
		I visited her once only		Address Hagerstown Md				
Accident or Suicide?		No						

AK C. J. Jones

Ros Hill

3/31

Name
in
Full

Demetra C. Murry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

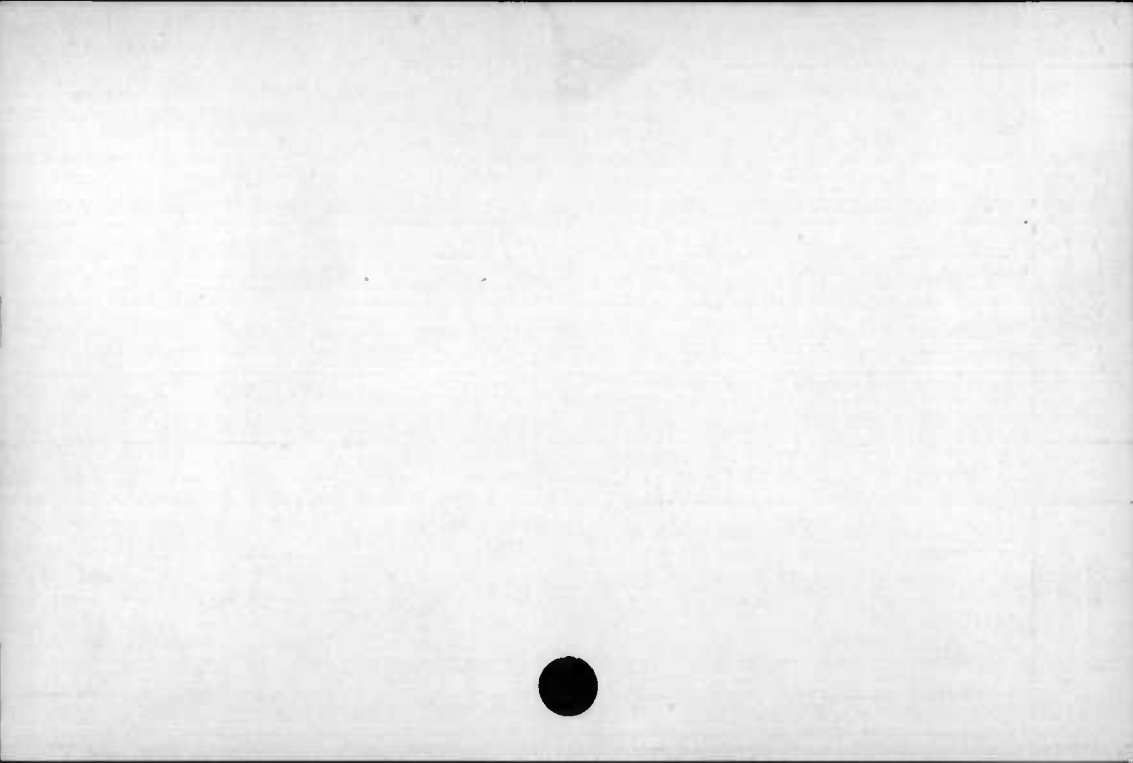
Died at <i>Smithsburg</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>6</i>	Age <i>24</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg Md</i>				
Occupation <i>House Wife</i>			Where Residing if not at place of death <i>Smithsburg Md.</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Demetra C. Murry</i>					
Father's Name <i>James Gaintie</i>				Father's Birthplace <i>Thermont</i>			
Mother's Maiden Name <i>Anna Delosier</i>				Mother's Birthplace <i>Smithsburg Md</i>			
Name of person giving information <i>S. J. Murry</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Acute General Peritonitis</i>	How long <i>One week</i>
Immediate <i>Heart failure</i>	How long <i>sup hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Massie M.D.</i>
	Address <i>Smithsburg Md</i>
Accident or Suicide?	



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

LIBRARY BUREAU A66618

S. L. Lowman
mch 6

Name
in
Full

Catharine E. Obits

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

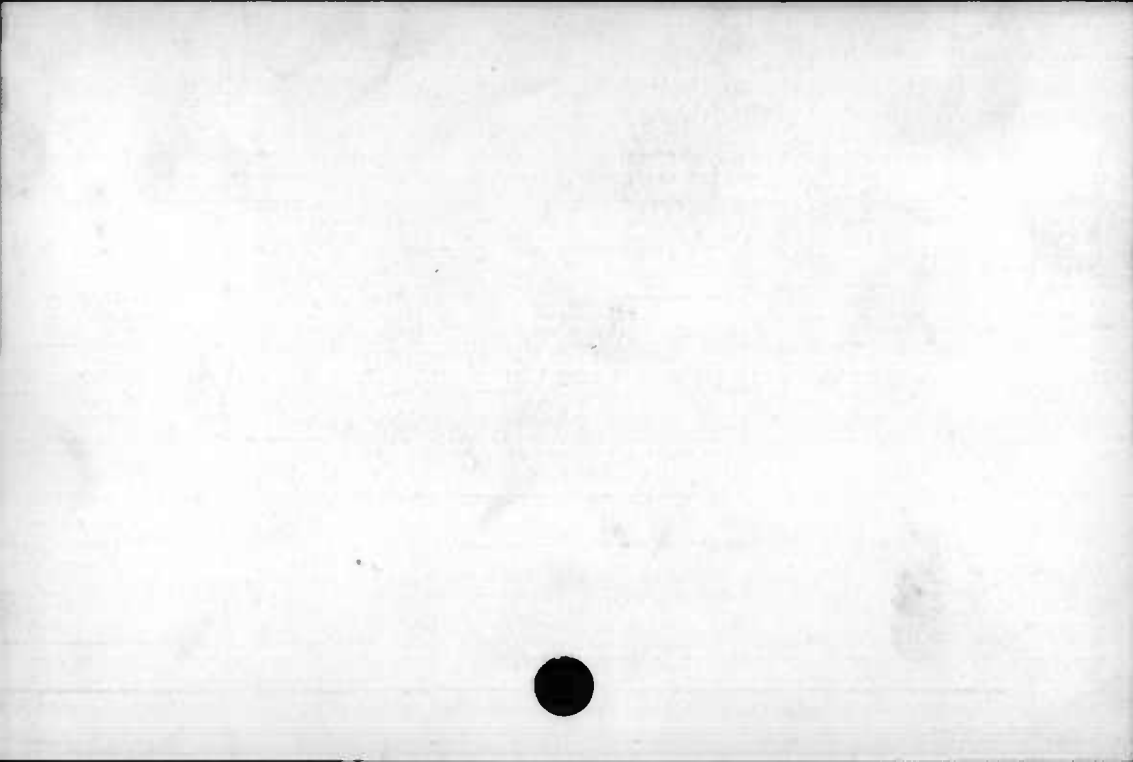
Died at		Town Williamport		County Washington		MARYLAND	
Date of death	1908	Month Mar	Day 22	Age Years	34	Months	3
Sex	Female		Color or Race	White		Birth- place	Douarsville
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	George S. Obits			
Father's Name	Jeremiah Young				Father's Birthplace	Snoketown	
Mother's Maiden Name	Elizabeth Thomas				Mother's Birthplace	Douarsville	
Name of person giving information	David Young				How related to deceased	Brother	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lungs		How long	Two years
Immediate	Prostration		How long	Three weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Williamport	
Accident or Suicide?		No.		



Name
in
Full

CERTIFICATE OF DEATH

Samuel S. Piper

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>3</i>		Day <i>29</i>		Age <i>71</i>		Years <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months <i>19</i>		Days	
Occupation <i>Retired Farmer</i>				Where Residing if not at place of death <i>C</i>					
Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Elizabeth Piper</i>					
Father's Name <i>Henry Piper</i>				Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Elizabeth Keady</i>				Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Elnor Piper</i>				How related to deceased <i>Son</i>					

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary <i>Epithelioma of the Face</i>		How long <i>One yr</i>	
Immediate <i>Exhaustion + Hemorrhage</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. E. Pitsenogle</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide?		<i>Ind</i>	

Kendall
Coffman

Name in Full		Mary A Pitcock				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Hagerstown	County Wash.		MARYLAND				
		Date of death		1908	Month 3	Day 20	Age 21	Years	Months 6	Days 20	
		Sex		female		Color or Race		white		Birth-place Md.	
		Occupation Lady of Leisure				Where Residing if not at place of death					
		Married, Single or Widowed		single		Name of Wife or Husband					
		Father's Name		Charles Pitcock				Father's Birthplace		Md.	
Mother's Maiden Name		Arabella Light				Mother's Birthplace		Md.			
Name of person giving information		Chas Pitcock Jr.				How related to deceased		brother			
		CAUSES OF DEATH				(29)					
PHYSICIAN OR CORONER		Primary Tuberculosis of Intestines				How long Seven months					
		Immediate				How long Immunistic					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
		Address				Chas B. H. H. H.					
Accident or Suicide?											

Joppa, Harford Co. Md.

Name
in
Full

Daniel M. Reynolds

CERTIFICATE OF DEATH

Died at *Chewsville* ^{Town}*Washington* ^{County}

MARYLAND

Date
of death 1908Month
3Day
17Age 54 ^{Years}

Months

Days
17Sex *Male*Color or
Race*white*Birth-
place*Md*

Occupation

*Former*Where Residing if not
at place of deathMarried, Single
or Widowed*Widower*Name of Wife or
Husband*Sarah Reynolds*Father's
Name*John Reynolds*Father's
Birthplace*Md*Mother's
Maiden Name*Mary Kennedy*Mother's
Birthplace*Md*Name of person giving
Information*Albert Reynolds*How related
to deceased*Brother*

CAUSES OF DEATH

104

Primary

Chronic Gastritis

How long

One year

Immediate

Heart Failure

How long

*Two weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*S W Unstet MD*

Address

Hagerstown

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Fahmeyer's Church

Watkins

3/19

Name
in
FullMrs. *Clorinda Reese*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smoketown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Mar.</i> <small>Month</small>	<i>1</i> <small>Day</small>	<i>54</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Smoketown</i>			
Married, Single on Widowhood		Name of Wife or Husband <i>Jacob Reese</i>			
Father's Name <i>William Reese</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Charlotte Miller</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Mary Reese</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary <i>Asphyxia</i>	How long <i>10 hrs</i>
Immediate <i>Dropsy</i>	How long <i>3 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Davis</i>
	Address <i>Boonsboro Md</i>
Accident or Suicide?	

25



Name
in
Full

David Dias Shank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

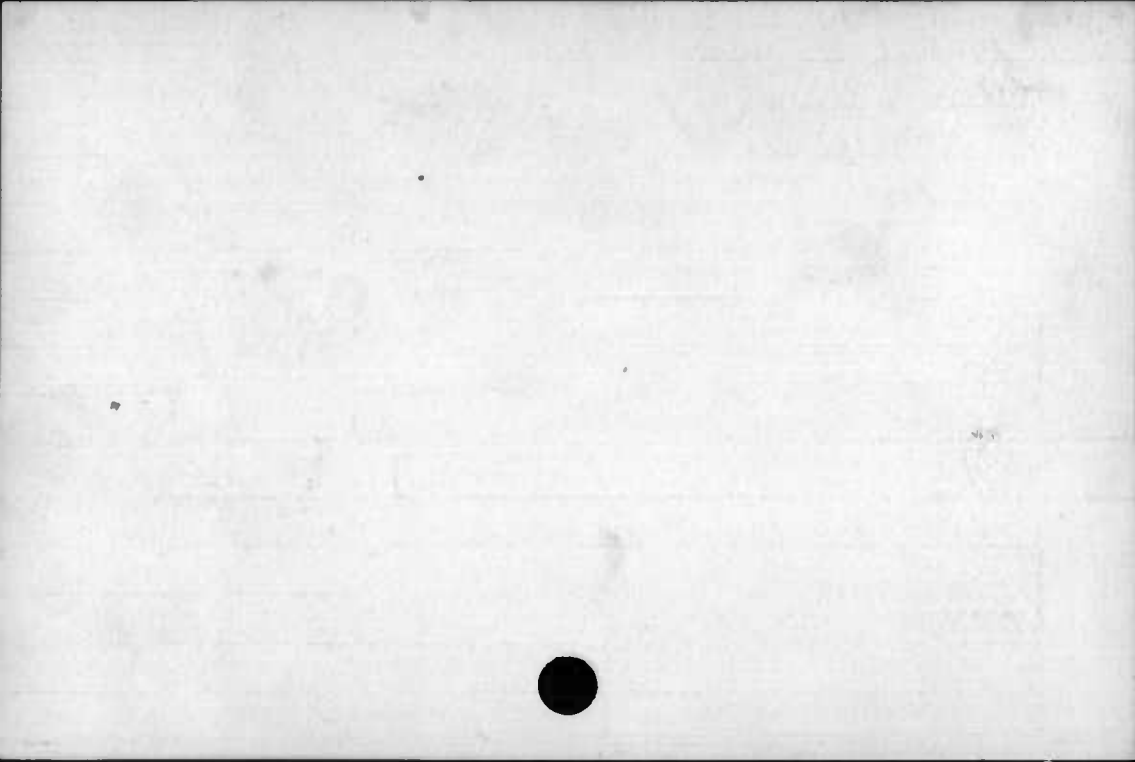
Died at <u>Neck</u> Town			<u>Was</u> County			MARYLAND	
Date of death <u>1908</u>		Month <u>Mar</u>	Day <u>11</u>	Age <u>1</u> Years	Months <u>5</u>	Days <u>9</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Neck</u>			
Occupation <u> </u>				Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>					
Father's Name <u>John D. Shank</u>				Father's Birthplace <u>Pineburg -</u>			
Mother's Maiden Name <u>Elizabeth M. Boppe</u>				Mother's Birthplace <u>Neck</u>			
Name of person giving information <u>John D. Shank</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Dys-Colitis</u>	How long <u>14 days</u>
Immediate <u>Asthenia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. W. H. Faith</u>
	Address <u>Williamsport</u>
Accident or Suicide? <u> </u>	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Wash</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Mar</i>	Day	<i>25</i>	Age	<i>76</i>
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Md.</i>		
Occupation	<i>H.W.</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband	<i>Alfred Shawman</i>				
Father's Name	<i>Jacob Finney</i>			Father's Birthplace	<i>Md</i>		
Mother's Maiden Name	<i>Barbara A. Hershey</i>			Mother's Birthplace	<i>Md.</i>		
Name of person giving information	<i>Honora Shawman</i>			How related to deceased	<i>Daughter</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Septic - Endocarditis & nephritis.</i>	How long	<i>✓</i>
Immediate	<i>uraemia.</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. Preston Miller</i>
		Address	<i>Hagerstown Md.</i>
Accident or Suicide?	<i>No.</i>		

Suter

3/27

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Harry Sheeler

Town

County

Died at *Hagerstown**Wash.*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

*3**3*

Age

*—**6*

Sex

*male*Color or
Race*white*Birth-
place*md.*

Occupation

*—*Where Residing if not
at place of death*—*Married, Single
or Widowed*single*Name of Wife or
Husband*—**—*Father's
Name*William H. Sheeler*Father's
Birthplace*Penn.*Mother's
Maiden Name*Vera Nyman*Mother's
Birthplace*md.*Name of person giving
Information*W. H. Sheeler*How related
to deceased*father*

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

one week

Immediate

Spasm

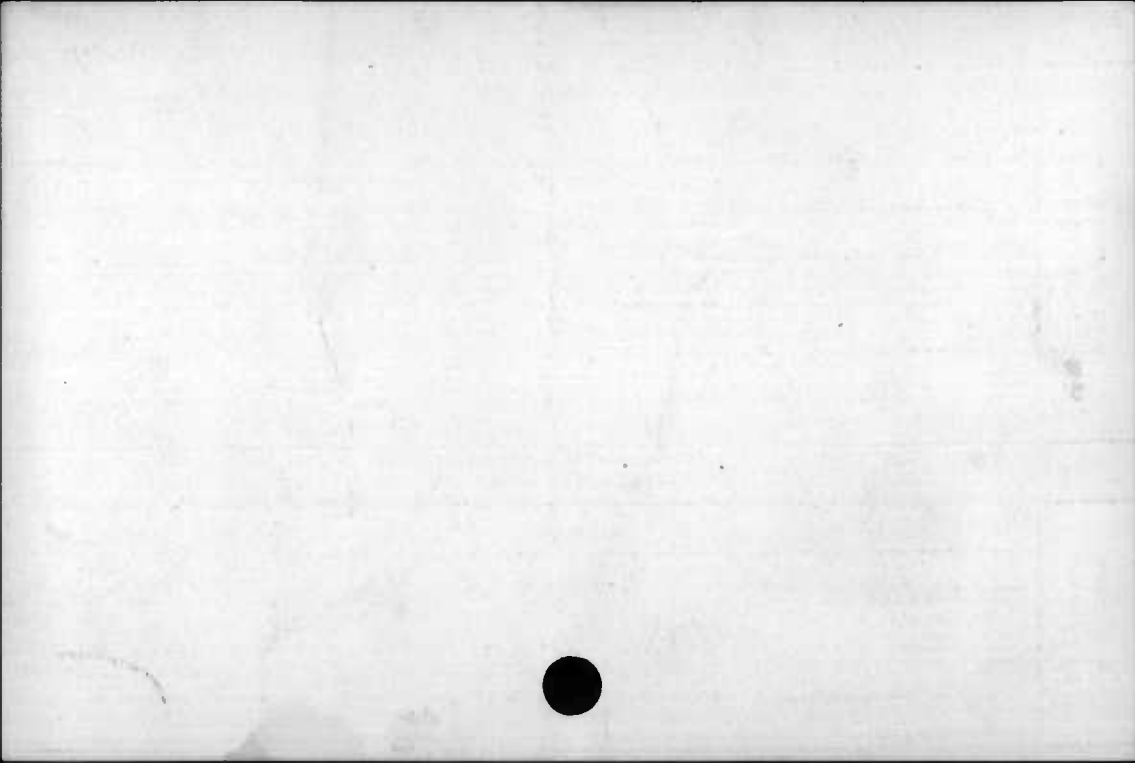
How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

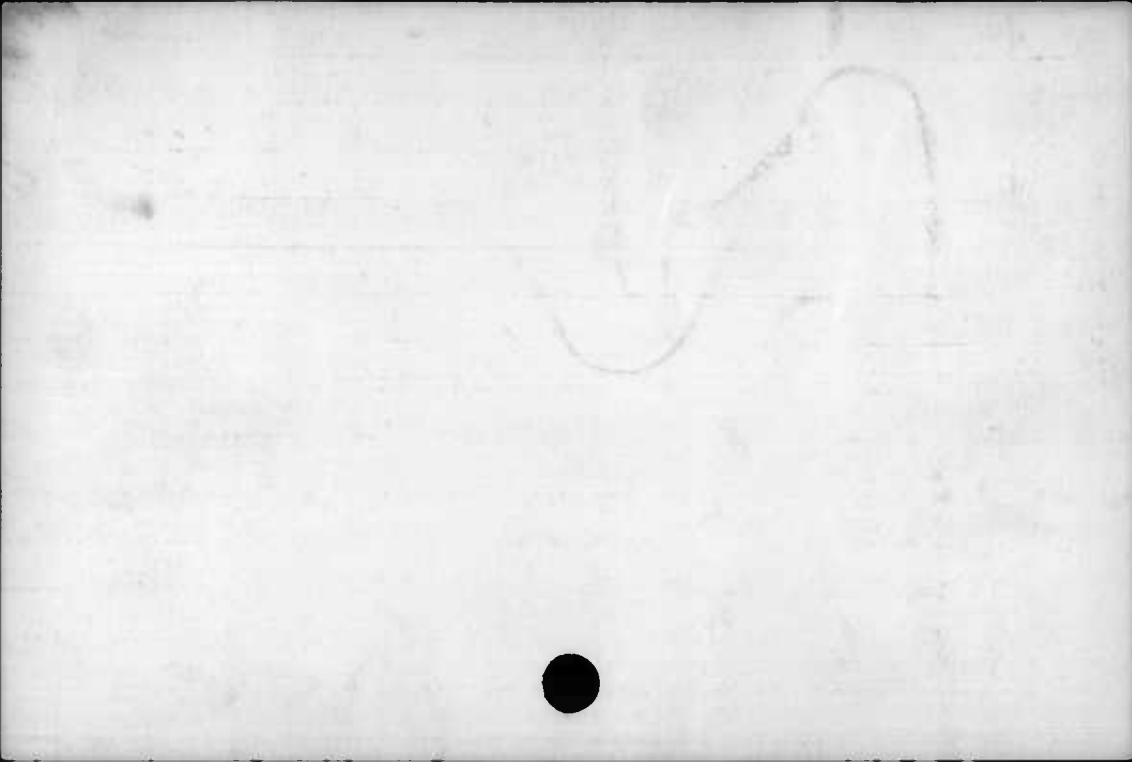
Address

*S. H. Knust**Hagerstown**md.*

Accident or Suicide?



Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hagerstown</i>		County <i>Wash</i>			
		State <i>Md.</i>		MAYLAND			
		Date of death 19 <i>08</i>	Month <i>3</i>	Day <i>25</i>	Age <i>76</i>	Months	Days
		Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>			
		Occupation <i>H. W.</i>	Where Residing if not at place of death				
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Alfred Shorman</i>				
		Father's Name <i>Just F. F. F. F.</i>	Father's Birthplace <i>Md.</i>				
		Mother's Maiden Name <i>Barbara A. Hershey</i>	Mother's Birthplace <i>Md.</i>				
		Name of person giving information <i>Mrs W. N. Armstrong</i>	How related to deceased <i>daughter</i>				
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Senility</i>	How long <i>1 week.</i>				
		Immediate	How long				
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. R. Miller</i>				
			Address <i>Hagerstown Md.</i>				
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown Md</i>		County <i>Washington</i>		MAYLAND	
Date of death <i>1908</i>	Month <i>Mar</i>	Day <i>11</i>	Years <i>70</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>		
Occupation <i>Painter</i>			Where Residing if not at place of death <i>Hagerstown</i>		
Married, Single or Widowed <i>Wife Deceased</i>		Name of Wife or Husband <i>Marie A Smith</i>			
Father's Name <i>Eugene E Smith</i>			Father's Birthplace <i>Hagerstown</i>		
Mother's Maiden Name <i>Marie A Ward</i>			Mother's Birthplace <i>Hagerstown</i>		
Name of person giving Information <i>Frank E Smith</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	<i>Brutality</i>	How long <i>5 Yrs.</i>
Immediate <i>Langrene</i>	<i>Atherosclerosis</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. M. M. M. M.</i>
		Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No</i>		

Corvina

Rust Hill

Name
in
Full

Clara Agnes Stoner

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1908 Month 3 Day 25 Age 1 Years Months Days

Sex Female Color or Race White Birth-place Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Arthur Stoner Father's Birthplace Md

Mother's Maiden Name Annie Eedy Mother's Birthplace Md

Name of person giving information Arthur Stoner How related to deceased Father

CAUSES OF DEATH

8

Primary Pertusses How long 3 weeks

Immediate Convulsions How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Clara S. E. Hey

Address Hagerstown Md

Accidental, Suicide? _____

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Kedysville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harvey M. Stouffer* Town *Lagerstown* County *Wash.*

Died at *Lagerstown* Maryland

Date of death *1908* Month *Mar* Day *24* Age *44* Years Months *9* Days *3*

Sex *male* Color or Race *white* Birth-place *md.*

Occupation *dairyman* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife *Clara Stouffer*

Father's Name *John M. Stouffer* Father's Birthplace *Ohio*

Mother's Maiden Name *Isabella Mace* Mother's Birthplace *md.*

Name of person giving information *J. M. Stouffer* How related to deceased *father*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Dilated Heart* How long *6 mds*

Immediate *Exhaustion* How long *one hour*

Are the name, age, sex, color, date and place correctly given above? *Y*

Signature of Physician *E. A. Willemsen*

Address *Lagerstown Md*

Accident or Suicide?

Suter
Mch. 27-

Name
in
Full

Jacob Sward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Clear Spring ^{County} Washington MARYLAND

Date of death 1908 ^{Month} Mar ^{Day} 24 ^{Age} 84 ^{Years} 9 ^{Months} 21 ^{Days}

Sex M Color or Race W Birth-place Md

Occupation Repair Work Where Residing if not at place of death

Married, Single or Widowed ☒ Married Name of Wife or Husband Margaret Sward

Father's Name John Sward Father's Birthplace Unknown

Mother's Maiden Name Katherine Richard Mother's Birthplace Unknown

Name of person giving information Wife How related to deceased Wife

CAUSES OF DEATH

(91)

PHYSICIAN
OR CORONER

Primary Chronic bronchial catarrh How long Unknown

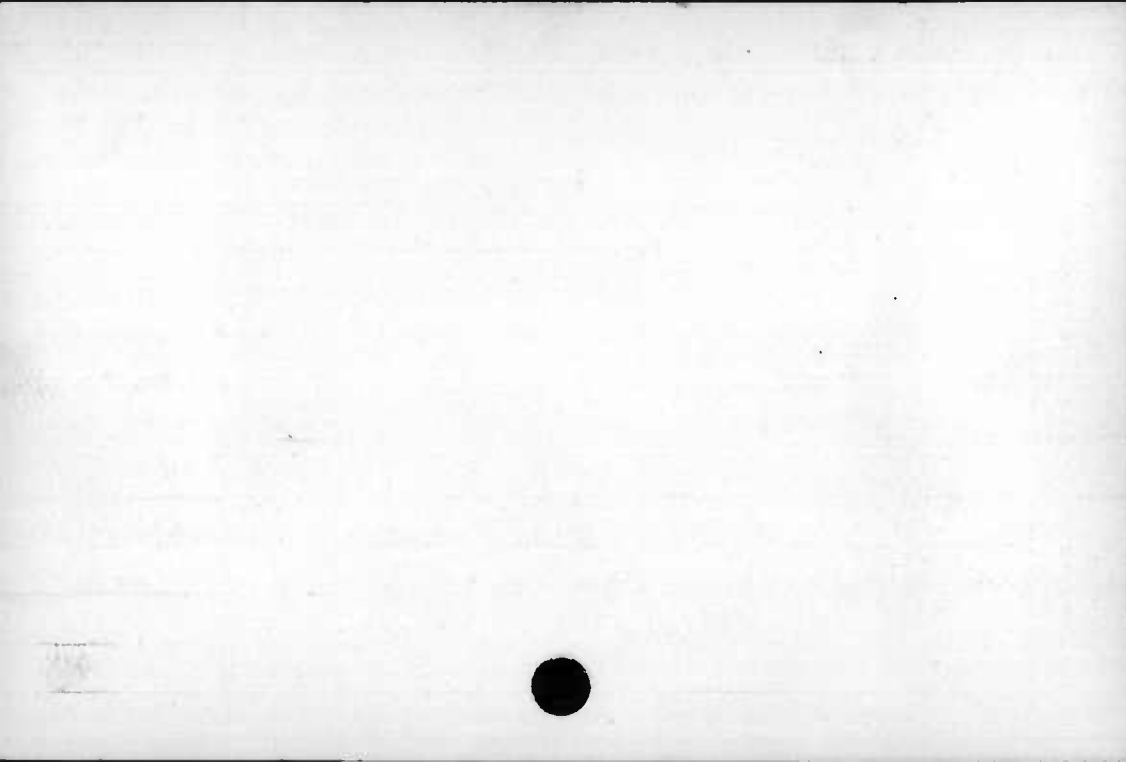
Immediate Heart failure How long One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Abram Shank

Address Clear Spring Washington Co.

Accident or Suicide?



Name
In
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Infant, 7 Harry Weaver

CERTIFICATE OF DEATH

Died at <i>Beaver Creek</i>		Town		<i>Wash</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Mar</i>		Day <i>5</i>		Age <i>✓</i>		Years <i>✓</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>✓</i>		Days <i>✓</i>	
Occupation <i>none</i>				Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Harry Weaver</i>				Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Henry Lynch</i>				Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Harry Weaver</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary <i>Premature Birth</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. C. Whelan</i>	
		Address <i>Beonsboro</i>	
Accident or Suicide?		<i>Washington Co Maryland</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	190 <u>8</u>	Month <u>3</u>	Day <u>3</u>	Age <u>3</u>	Years <u>2</u> Months <u>1</u> Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>Widow</u>	Where Residing if not at place of death <u>Hagerstown, Md</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John Weller</u>				
Father's Name <u>John Weller</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Lillie M. Knepper</u>	Mother's Birthplace <u>Pa</u>				
Name of person giving information <u>John Weller</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>Two or three weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>F. H. Chace, Md</u>
	Address <u>Hagerstown</u>
Accident or Suicide?	<u>md</u>

67 June
Hancock

Name
in
Full

Michael Wetter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i>	Month <i>3</i>	Day <i>18</i>	Age <i>62</i>	Years <i>4</i> Months <i>7</i> Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Switzerland</i>		
Occupation <i>Machinist</i>	Where Residing if not at place of death <i>Switzerland</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha J. French</i>				
Father's Name <i>don't know</i>	Father's Birthplace <i>don't know</i>		Mother's Birthplace <i>don't know</i>		
Mother's Maiden Name <i>" "</i>	How related to deceased <i>Wife</i>				
Name of person giving information <i>Martha J. French</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

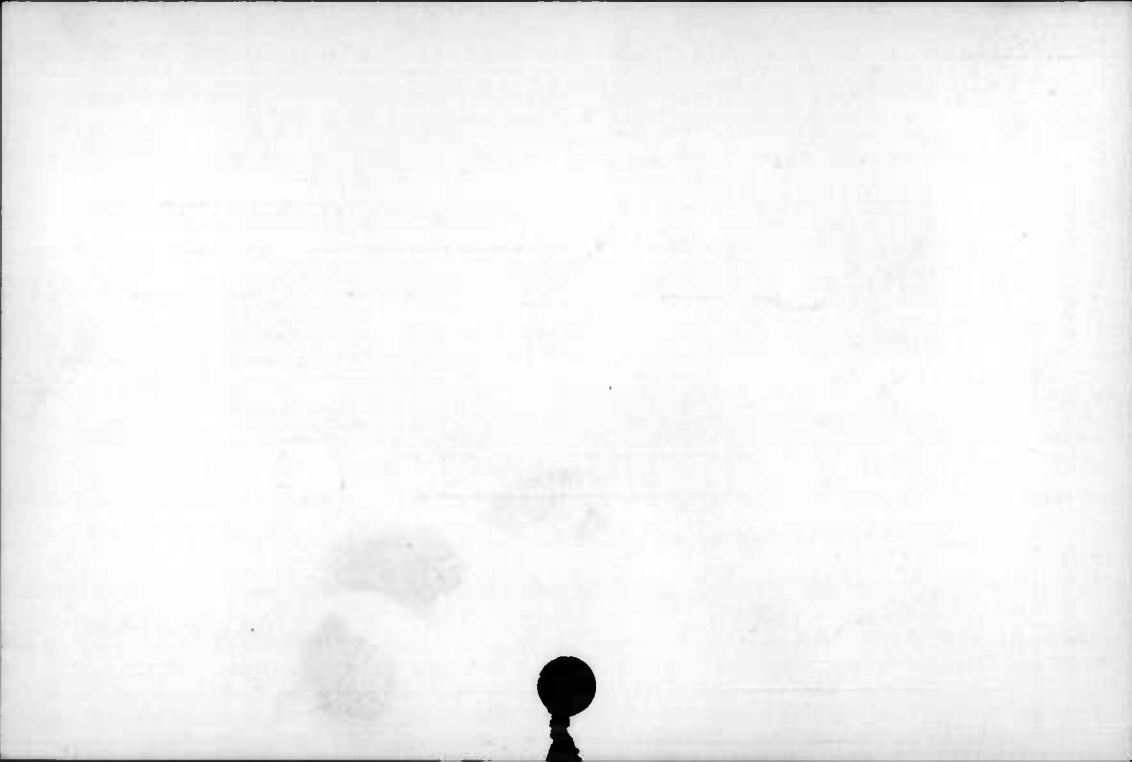
Primary	<i>Endo Carditis</i>	How long	<i>121</i>
Immediate	<i>Acute Indigestion</i>	How long	<i>5-6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Victor D. Miller, Jr.</i>	
		Address <i>Hagerstown, Md</i>	
Accident or Suicide? <i>no</i>			

10000



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagers town</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND
	Date of death <i>1908</i> <small>Month</small> <i>3</i> <small>Day</small> <i>25</i>	Age <i>8</i> <small>Years</small>		<i>6</i> <small>Months</small>	<i>20</i> <small>Days</small>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Omer R. Wiles</i>	Father's Birthplace <i>Md</i>			
	Mother's Maiden Name <i>Eizabeth M. Parncutt</i>	Mother's Birthplace <i>Md</i>			
Name of person giving information <i>—</i>		How related to deceased <i>—</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pneumonia - Lobar</i>		How long <i>2 weeks</i>		
	Immediate <i>Cardiac Failure</i>		How long <i>4 hrs</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. D. Hauffer.</i>		
			Address <i>Hagers town, Md.</i>		
	Accident or Suicide?				

93



Name
in
Full

Alexander, Michael Wolfgang

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bridgeport</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	<u>3</u> ^{Month}	<u>8</u> ^{Day}	Age <u>63</u> ^{Years}	<u>9</u> ^{Months}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ala</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Sophia J. Lambert</u>			
Father's Name <u>Daniel G. Wolfgang</u>			Father's Birthplace <u>Ala</u>		
Mother's Maiden Name <u>Sarah Foltz</u>			Mother's Birthplace <u>Ala</u>		
Name of person giving information <u>John L. Wolfgang</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Intest. Regurgitation & Proptosis</u>	How long	<u>3 yrs</u>
Immediate	<u>Cardiac exhaustion</u>	How long	<u>few days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>A. D. Stauffer</u>	
		Address	
		<u>Haguetown, Md.</u>	
Accident or Suicide?			
<u>No</u>			

